

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H02I Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02I.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Filing at a Glance

Company: Professional Insurance Company

Product Name: HPACC 2008

TOI: H02I Individual Health - Accident Only

Sub-TOI: H02I.000 Health - Accident Only

Filing Type: Form/Rate

SERFF Tr Num: MLLM-125705345 State: ArkansasLH

SERFF Status: Closed

State Tr Num: 39710

Co Tr Num: PIC-0130SUN01-01

State Status: Approved-Closed

Co Status:

Reviewer(s): Rosalind Minor

Author: Hazel Delane

Disposition Date: 08/12/2008

Date Submitted: 07/22/2008

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: HPACC 2008

Project Number: HPACC 2008

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 06/11/2008

Domicile Status Comments: Texas is the state of domicile.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 08/12/2008

State Status Changed: 08/12/2008

Deemer Date:

Corresponding Filing Tracking Number: PIC-0130SUN01-01

Filing Description:

RE: Professional Insurance Company

NAIC No.: 0549-68047 FEIN No.: 590411385

Individual Health Forms Filing

Form

HPACC AR 2008____ Accident Insurance Policy

SERFF Tracking Number: *MLLM-125705345* *State:* *Arkansas*
Filing Company: *Professional Insurance Company* *State Tracking Number:* *39710*
Company Tracking Number: *PIC-0130SUN01-01*
TOI: *H021 Individual Health - Accident Only* *Sub-TOI:* *H021.000 Health - Accident Only*
Product Name: *HPACC 2008*
Project Name/Number: *HPACC 2008/HPACC 2008*

HPACC-A ____ Accident Insurance Policy Schedule of Benefits (Plan A)
HPACC-B ____ Accident Insurance Policy Schedule of Benefits (Plan B)
HPACC-C ____ Accident Insurance Policy Schedule of Benefits (Plan C)
XGR/2591 ____ Application for Accident Insurance Policy
HRROP 2008 ____ Return of Premium Benefit Rider
HRMIR 2008 ____ Monthly Income Benefit Rider
OCACC 2008 ____ Accident Only Outline of Coverage
 HPACC-Amend 2008 ____ Policy Amendment

Dear Sir or Madam:

Milliman Inc. is submitting the above-referenced form for filing on an exempt basis on behalf of Professional Insurance Company ("the Company"). A letter from the Company authorizing Milliman to conduct this filing is included with this submission.

The forms are individual accident insurance forms. The forms are intended to be marketed to employees of employers at the employers' worksite.

The forms are new and do not replace any previously approved forms. They contain no unusual or controversial features or language that deviate from normal insurance industry standards. Please note that portions of the forms filed with this submission are bracketed as variable, and may change as described in the attached actuarial memorandum and in the Statement of Variability.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to the Company's production printers. Further, the Company reserves the right to change the font and format of the forms, colors, logos, and paper type. Distribution and access may also be via hard copy or electronic media. Should such changes occur, they will not alter the content or meaning of any approved forms.

Form HPACC AR 2008:

Form HPACC AR 2008 is an individual Accident Insurance Policy. The benefits provided under the policy may be for 24-hour coverage or off-job coverage, as elected by the policyowner. The issue age limits are ages 16 to 69. The amount of insurance payable for the benefits provided under the policy is shown in the Schedule of Benefits. There are

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

three different benefit plans from which the policyowner may select for the policy: Plan A, Plan B and Plan C. All three benefit plans provide coverage for the same benefits; however, the amount of insurance provided for the covered benefits differ. Each benefit plan is reflected in a separate Schedule of Benefit form as indicated below in this letter.

Forms HPACC-A, HPACC-B, and HPACC-C:

Forms HPACC-A, HPACC-B, and HPACC-C are the Schedule of Benefits pages for the Accident Insurance Policy. Each Schedule of Benefits form reflects the benefit plan that the policyowner may elect under the policy: Plan A, Plan B or Plan C. Form HPACC-A contains Plan A benefits, form HPACC-B contains Plan B benefits, and Form HPACC-C contains Plan C benefits. Only one benefit plan can be selected by the policyowner and provided under the issued policy. All three Schedule of Benefit forms have been included in the enclosed policy form document, HPACC AR 2008, for filing purposes.

Form XGR/2591:

Form XGR/2591 is the application form that will be used with policy form HPACC AR 2008.

HRROP 2008:

Form HRROP 2008 is a Return of Premium Rider. The rider is optional and provides a return of premium benefit consisting of the premium paid for the base policy to the policyholder after the policy has been in effect for 20 continuous years.

HRMIR 2008:

Form HRMIR 2008 is a Monthly Income Benefit Rider. The rider is optional and provides a monthly income benefit to the policyowner if he or she is unable to work due to injuries sustained from a covered accident. The policyowner selects a period of 6 months or 12 months for which the benefits

Form OCACC 2008

Form OCACC 2008 is the Accident Only Coverage Required Outline of Coverage. The form will be provided to the applicant at time of application.

Form HPACC-Amend 2008:

Form HPACC-Amend 2008 is the amendment form that will be used to amend policy form HPACC AR 2008. The amendment is intended to only be used to modify the policy for benefits or provisions that are variable data, e.g., adding

SERFF Tracking Number: MLLM-125705345 State: Arkansas
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TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

or deleting optional riders, adding or deleting Schedule of Benefits forms HPACC-A, HPACC-B, or HPACC-C if the policy owner makes a benefit change or type of coverage change, etc. Form HPACC-Amend 2008 will not be used to add or delete non-variable provisions or add new provisions.

The following items are also enclosed:

1. Actuarial Memorandums and Rates; and
2. Readability Certification.

We greatly appreciate your assistance and prompt review of this filing submission. If you have any questions, or need any additional information to complete your review, please do not hesitate to call me collect at (312) 499-5728.

Hazel J. Delane
Compliance Consultant
Milliman, Inc.

Company and Contact

Filing Contact Information

(This filing was made by a third party - MUSA01)

Hazel Delane, Compliance Consultant Hazel.Delane@Milliman.com
2 Conway Park, Ste. 180 (312) 499-5728 [Phone]
Lake Forest, IL 60045 (847) 604-8671[FAX]

Filing Company Information

Professional Insurance Company	CoCode: 68047	State of Domicile: Texas
175 ADDISON ROAD	Group Code:	Company Type: Life and Health
WINDSOR, CT 06095	Group Name:	State ID Number:
(800) 289-1122 ext. [Phone]	FEIN Number: 59-0411385	

Filing Fees

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50 x 1 policy form filing submission = \$50
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Professional Insurance Company	\$50.00	07/22/2008	21536055

SERFF Tracking Number:	MLLM-125705345	State:	Arkansas
Filing Company:	Professional Insurance Company	State Tracking Number:	39710
Company Tracking Number:	PIC-0130SUN01-01		
TOI:	H021 Individual Health - Accident Only	Sub-TOI:	H021.000 Health - Accident Only
Product Name:	HPACC 2008		
Project Name/Number:	HPACC 2008/HPACC 2008		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	08/12/2008	08/12/2008

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	07/24/2008	07/24/2008	Hazel Delane	08/01/2008	08/01/2008

Amendments

Item	Schedule	Created By	Created On	Date Submitted
Accident Only Form Outline of Coverage		Hazel Delane	08/06/2008	08/06/2008
Filing Description	Supporting Document	Hazel Delane	07/22/2008	07/22/2008

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Disposition

Disposition Date: 08/12/2008

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Outline of Coverage	Approved-Closed	Yes
Supporting Document	Statement of Variability	Approved-Closed	Yes
Supporting Document	Authorization Letter	Approved-Closed	Yes
Supporting Document	Filing Description	Approved-Closed	Yes
Form (revised)	Accident Insurance Policy	Approved-Closed	Yes
Form	Accident Insurance Policy	Withdrawn	No
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Schedule of Benefits	Approved-Closed	Yes
Form	Application for Accident Insurance Policy	Approved-Closed	Yes
Form	Return of Premium Benefit Rider	Approved-Closed	Yes
Form	Monthly Income Benefit Rider	Approved-Closed	Yes
Form (revised)	Accident Only Outline of Coverage	Approved-Closed	Yes
Form	Accident Only Outline of Coverage	Withdrawn	No
Form	Policy Amendment	Approved-Closed	Yes

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Objection Letter

Objection Letter Status Pending Industry Response

Objection Letter Date 07/24/2008

Submitted Date 07/24/2008

Respond By Date

Dear Hazel Delane,

This will acknowledge receipt of the captioned filing.

Objection 1

- Accident Insurance Policy (Form)

Comment: With respect to handicapped dependent, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-85-131(b) and Bulletin 14-81.

Objection 2

- Accident Insurance Policy (Form)

Comment: Coverage for minors for whom the insured has filed a petition to adopt must comply with ACA 23-79-137. Please refer to the 60-day period.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

Response Letter

Response Letter Status Submitted to State

Response Letter Date 08/01/2008

Submitted Date 08/01/2008

Dear Rosalind Minor,

Comments:

Response 1

Comments: Rosalind,

We have revised policy form HPACC AR 2008 to comply with ACA 23-85-131(b), Bulletin 14-81, and ACA 23-79-137.

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Refer to: (1) Definition of Handicapped Child in Part 1; and (2) "Eligible Dependent", "Effective Date of Coverage", and "Continuation of Coverage for Handicapped Child" provisions in Part 2. Please replace the previously submitted form HPACC AR 2008 with the attached revised one.

Your assistance is appreciated. If you have any questions or require additional information, please let us know.

Thank you,

Hazel

Related Objection 1

Applies To:

- Accident Insurance Policy (Form)

Comment:

With respect to handicapped dependent, there can be no time limit set for furnishing proof of incapacity as outlined under ACA 23-85-131(b) and Bulletin 14-81.

Related Objection 2

Applies To:

- Accident Insurance Policy (Form)

Comment:

Coverage for minors for whom the insured has filed a petition to adopt must comply with ACA 23-79-137. Please refer to the 60-day period.

Changed Items:

No Supporting Documents changed.

Form Schedule Item Changes

Form Name	Form Number	Edition Date	Form Type	Action	Action Specific Data	Readability Score	Attach Document
Accident Insurance Policy	HPACC AR 2008		Policy/Contract/Fraternal Certificate	Initial		54	HPACC AR 2008_Accident Insurance

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Policy_08-
01-2008
subm.pdf

Previous Version

<i>Accident Insurance Policy</i>	<i>HPACC 2008</i>	<i>Policy/Contract/Fraternal Certificate</i>	<i>Initial</i>	<i>54</i>	<i>HPACC AR 2008_Accident Insurance Policy_07- 22-2008 subm.pdf</i>
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<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

No Rate/Rule Schedule items changed.

Sincerely,
Hazel Delane

SERFF Tracking Number: MLLM-125705345 State: Arkansas
 Filing Company: Professional Insurance Company State Tracking Number: 39710
 Company Tracking Number: PIC-0130SUN01-01
 TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
 Product Name: HPACC 2008
 Project Name/Number: HPACC 2008/HPACC 2008

Amendment Letter

Amendment Date:
 Submitted Date: 08/06/2008

Comments:

This amendment to the filing is to correct the form number of form OCACC AR 2008 on the Forms Schedule tab.

Thanks,

Hazel

Changed Items:

Form Schedule Item Changes:

Form Schedule Item Changes:

Form Number	Form Type	Form Name	Action	Form Action Other	Previous Filing #	Replaced Form #	Readability Score	Attachments
OCACC AR 2008	Outline of Coverage	Accident Only Outline of Coverage	Initial				0	OCACC AR 2008_Outline of Coverage for Accident Insurance_07-22-08_subm.pdf

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Amendment Letter

Amendment Date:

Submitted Date: 07/22/2008

Comments:

The first paragraph of the "Filing Description" is hereby revised to read as follows:

"Milliman Inc. is submitting the above-referenced forms filing for review and approval on behalf of Professional Insurance Company ("the Company"). A letter from the Company authorizing Milliman to conduct this filing is included with this submission."

Attached is a revised "Filing Description" for your reference and use.

Changed Items:

Supporting Document Schedule Item Changes:

User Added -Name: Filing Description

Comment:

AR_Filing Description.pdf

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Form Schedule

Lead Form Number: HPACC AR 2008

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed	HPACC AR 2008	Policy/Contract/Fraternal Certificate	Accident Insurance	Initial		54	HPACC AR 2008_Accident Insurance Policy_08-01-2008 subm.pdf
Approved-Closed	HPACC-A	Schedule Pages	Schedule of Benefits	Initial		0	HPACC-A_Schedule of Benefits_Plan A_07-22-08 subm.pdf
Approved-Closed	HPACC-B	Schedule Pages	Schedule of Benefits	Initial		0	HPACC-B_Schedule of Benefits_Plan B_07-22-08 subm.pdf
Approved-Closed	HPACC-C	Schedule Pages	Schedule of Benefits	Initial		0	HPACC-C_Schedule of Benefits_Plan C_07-22-08 subm.pdf
Approved-Closed	XGR/2591	Application/Enrollment Form	Application for Accident Insurance Policy	Initial		52	XGR_2591_Application for Accident Insurance_06-08-2008 subm.pdf
Approved-Closed	HRROP 2008	Policy/Contract/Fraternal Benefit Rider	Return of Premium	Initial		69	HRROP 2008_Return

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		
	al		of Premium
	Certificate:		Benefit Rider
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	t, Insert		2008
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Approved- HRMIR	Policy/Cont Monthly Income	Initial	64
Closed 2008	rac/Fratern Benefit Rider		HRMIR
	al		2008_Monthly
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	Page,		2008
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	nt or Rider		
Approved- OCACC AR	Outline of Accident Only	Initial	0
Closed 2008	Coverage Outline of Coverage		OCACC AR
			2008_Outline
			of Coverage
			for Accident
			Insurance_07
			-22-
			08_subm.pdf
Approved- HPACC-	Policy/Cont Policy Amendment	Initial	0
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2008	al		Amend
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	Endorseme		
	nt or Rider		

Professional Insurance Company
Home Office: [Frisco, TX 75034]
Administrative Office: [175 Addison Road]
[P.O. Box 725]
[Windsor, CT 06095]

ACCIDENT INSURANCE POLICY

In this Policy, the Owner is referred to as "You" or "Your". The Professional Insurance Company is referred to as "We", "Our", "Us", or "the Company".

THIS IS A LEGAL CONTRACT BETWEEN YOU AND US. READ YOUR POLICY CAREFULLY

We will pay the benefits set forth in this Policy. Benefit payment is governed by all the terms, conditions and limitations of the Policy. This Policy is effective on the Policy Effective Date shown in the Schedule of Benefits at 12:01 a.m. local time at Your address. This Policy is issued in consideration of the application for this Policy and the payment of the initial premium.

RIGHT TO EXAMINE THE POLICY: If, for any reason, You are not completely satisfied with this Policy, You may cancel this Policy by returning it to Us or to any agent appointed by Us within 30 days after You receive it. Returning this Policy to Us will void it from the effective date of this Policy, and We will promptly refund Your entire premium payment.

THIS IS NOT A MEDICARE SUPPLEMENT POLICY: If You are eligible for Medicare, review the Guide to Health Insurance for People with Medicare, which is available from the Company.

GUARANTEED RENEWABLE: This Policy is Guaranteed Renewable for life. You may renew this coverage by paying each premium on the premium due date, subject to the Grace Period and Termination provisions. Your premium can be changed only if We change it on all similar policies in force in Your state.

Signed for the Professional Insurance Company.

 President	 Secretary
---	--

**THIS IS AN ACCIDENT INSURANCE ONLY POLICY, AND IT DOES NOT PAY BENEFITS
FOR LOSS FROM ANY OTHER CAUSE.
NONPARTICIPATING**

IMPORTANT NOTICE

**PLEASE READ THE COPY OF THE APPLICATION ATTACHED TO THIS POLICY. IF ANY
INFORMATION ON THE APPLICATION IS NOT TRUE AND COMPLETE, WRITE TO US AT OUR
ADMINISTRATIVE OFFICE WITHIN 10 DAYS. THE APPLICATION IS A PART OF THIS POLICY.
THIS POLICY IS ISSUED ON THE BASIS THAT THE ANSWERS TO ALL QUESTIONS AND THE
INFORMATION SHOWN ON THE APPLICATION ARE CORRECT AND COMPLETE.**

**FOR ADDITIONAL INFORMATION YOU MAY CONTACT:
ARKANSAS DEPARTMENT OF INSURANCE
[1200 West 3rd Street]
[Little Rock, Arkansas 72201-1904]
[(800) 852-5494]**

TABLE OF CONTENTS

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Part 2: When Coverage Takes Effect and Terminates	[7]
Part 3: Premiums.....	[10]
Part 4: Benefits.....	[10]
Part 5: General Exclusions and Limitations	[17]
Part 6: Claim Provisions	[17]
Part 7: General Provisions	[18]

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$59.94]	Mode of Payment: [Monthly]
Coverage Plan: [Plan A]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>	
Accidental Death Benefit	\$25,000	
Accidental Death Common Carrier Benefit	\$100,000	
Accidental Dismemberment Benefit		
Loss of both arms, both legs, or sight of both eyes	\$25,000	
Loss of one arm, one leg, or sight of one eye	\$5,000	
Loss of one or more fingers or one or more toes	\$1,000	
Air Ambulance Benefit	\$1,000 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Ambulance Benefit (Ground)	\$200 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Blood/Plasma Benefit	\$100	
Burn Benefit		
3 rd Degree of 30 square inches or more	\$5,000	
3 rd Degree of less than 30 square inches	\$1,000	
2 nd Degree	\$500	
If more than one burn classification is sustained in one Covered Accident, the greater Burn Benefit will be paid.		
Child Care Benefit	\$600 per month	
Benefit will be payable for each Covered Dependent until age 13.		
Diagnostic Exam Benefit	\$150 per exam	
Maximum Number of Exams: 2 exams per Covered Accident		
Dislocations Benefit	Closed Reduction	Open Reduction
Hip	\$1,500	\$3,000
Knee	\$750	\$1,500
Ankle	\$600	\$1,200
Collarbone (stern)	\$400	\$800
Lower Jaw	\$250	\$500

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Shoulder	\$250	\$500
Elbow or Wrist	\$250	\$500
Bones or Bones of Hand	\$250	\$500
Collarbone (acrom)	\$75	\$150
Finger, Toe	\$75	\$150
Emergency Dental Benefit		
Extraction		\$50
Crown		\$100
Emergency Room Benefit		\$120
Family Lodging Benefit		\$100 per night stay
Maximum Number of Lodging Night Stays: 30 nights per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$1,500	\$3,000
Skull – Simple	\$500	\$1,000
Hip or Thigh	\$750	\$1,500
Vertebrae, Pelvis, Leg	\$600	\$1,200
Bones of Face or Nose	\$250	\$500
Upper Jaw, Maxilla	\$250	\$500
Upper Arm	\$250	\$500
Lower Jaw, Mandible	\$200	\$400
Kneecap, Ankle, Foot (excluding toes)	\$200	\$400
Shoulder Blade, Collarbone	\$200	\$400
Vertebral Processes	\$200	\$400
Forearm, Hand, Wrist (except fingers)	\$200	\$400
Rib	\$150	\$300
Coccyx	\$125	\$250
Finger, Toe	\$50	\$100
Gunshot Wound Benefit		\$500
Hospital Admission		\$1,000
Hospital Confinement		\$200 per day
Maximum Number of Days: 365 days per Covered Accident		
Hospital Intensive Care Unit (ICU)		\$500 per day
Maximum Number of Days: 15 days per Covered Accident		
Lacerations Benefit		
Over 6 inches with stitches		\$300
2 – 6 inches with stitches		\$150
Less than 2 inches with stitches		\$25
Any length without stitches		\$25
Medical Appliances Benefit		\$100

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$25 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$25 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$50 per visit
Prosthesis Benefit	\$500 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$400
Ruptured/Herniated Disc	\$300
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$500
One	\$300
Exploratory Surgery	\$100
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$1,000
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$200
Other Open Surgery not already covered with repair	\$200
Laparoscopic Surgery	\$150
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$100
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years .	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$600 per month]
Maximum Number of Months – [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$88.35]	Mode of Payment: [Monthly]
Coverage Plan: [Plan B]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>	
Accidental Death Benefit	\$50,000	
Accidental Death Common Carrier Benefit	\$200,000	
Accidental Dismemberment Benefit		
Loss of both arms, both legs, or sight of both eyes	\$50,000	
Loss of one arm, one leg, or sight of one eye	\$7,500	
Loss of one or more fingers or one or more toes	\$1,500	
Air Ambulance Benefit	\$1,000 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Ambulance Benefit (Ground)	\$200 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Blood/Plasma Benefit	\$200	
Burn Benefit		
3 rd Degree of 30 square inches or more	\$7,500	
3 rd Degree of less than 30 square inches	\$1,500	
2 nd Degree	\$750	
If more than one burn classification is sustained in one Covered Accident, the greater Burn Benefit will be paid.		
Child Care Benefit	\$600 per month	
Benefit will be payable for each Covered Dependent until age 13.		
Diagnostic Exam Benefit	\$200	
Maximum Number of Exams: 2 exams per Covered Accident		
Dislocations Benefit	Closed Reduction	Open Reduction
Hip	\$2,000	\$4,000
Knee	\$1,000	\$2,000
Ankle	\$800	\$1,600
Collarbone (stern)	\$500	\$1,000
Lower Jaw	\$300	\$300
Shoulder	\$300	\$600

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Elbow or Wrist	\$300	\$600
Bones or Bones of Hand	\$300	\$600
Collarbone (acrom)	\$100	\$200
Finger, Toe	\$100	\$200
Emergency Dental Benefit		
Extraction	\$75	
Crown	\$150	
Emergency Room Benefit	\$340	
Family Lodging Benefit	\$100 per night stay	
Maximum Lodging Night Stays: 30 nights per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$2,000	\$4,000
Skull – Simple	\$750	\$1,500
Hip or Thigh	\$1,000	\$2,000
Vertebrae, Pelvis, Leg	\$800	\$1,600
Bones of Face or Nose	\$325	\$650
Upper Jaw, Maxilla	\$325	\$650
Upper Arm	\$325	\$650
Lower Jaw, Mandible	\$250	\$500
Kneecap, Ankle, Foot (excluding toes)	\$250	\$500
Shoulder Blade, Collarbone	\$250	\$500
Vertebral Processes	\$250	\$500
Forearm, Hand, Wrist (except fingers)	\$250	\$500
Rib	\$200	\$400
Coccyx	\$175	\$350
Finger, Toe	\$50	\$100
Gunshot Wound Benefit	\$750	
Hospital Admission Benefit	\$1,500	
Hospital Confinement Benefit	\$300 per day	
Maximum Number of Days: 365 days per Covered Accident		
Hospital Intensive Care Unit (ICU) Benefit	\$750 per day	
Maximum Number of Days: 15 days per Covered Accident		
Lacerations Benefit		
Over 6 inches with stitches	\$400	
2 – 6 inches with stitches	\$200	
Less than 2 inches with stitches	\$50	
Any length without stitches	\$35	
Medical Appliances Benefit	\$125	

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$35 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$35 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$75 per visit
Prosthesis Benefit	\$750 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$500
Ruptured/Herniated Disc	\$500
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$750
One	\$500
Exploratory Surgery	\$150
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$1,500
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$400
Other Open Surgery not already covered with repair	\$400
Laparoscopic Surgery	\$300
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$200
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years.	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$900 per month]
Maximum Number of Months: [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$121.68]	Mode of Payment: [Monthly]
Coverage Plan: [Plan C]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>
Accidental Death Benefit	\$100,000
Accidental Death Common Carrier Benefit	\$400,000
Accidental Dismemberment Benefit	
Loss of both arms, both legs, or sight of both eyes	\$75,000
Loss of one arm, one leg, or sight of one eye	\$10,000
Loss of one or more fingers or one or more toes	\$2,000
Air Ambulance Benefit	\$1,000 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Ambulance Benefit (Ground)	\$200 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Blood/Plasma Benefit	\$300
Burn Benefit	
3 rd Degree of 30 square inches or more	\$10,000
3 rd Degree of less than 30 square inches	\$2,000
2 nd Degree	\$1,000
If more than one burn classification is sustained in one Covered Accident, the higher Burn Benefit will be paid.	
Child Care Benefit	\$600 per month
Benefit will be payable for each Covered Dependent until age 13.	
Diagnostic Exam Benefit	\$250 per exam
Maximum Number of Exams: 2 exams per Covered Accident	
Dislocations Benefit	
Hip	Closed Reduction \$2,500 Open Reduction \$5,000
Knee	Closed Reduction \$1,250 Open Reduction \$2,500
Ankle	Closed Reduction \$1,000 Open Reduction \$2,000
Collarbone (stern)	Closed Reduction \$600 Open Reduction \$1,200
Lower Jaw	Closed Reduction \$350 Open Reduction \$700
Shoulder	Closed Reduction \$350 Open Reduction \$700

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Elbow or Wrist	\$350	\$700
Bones or Bones of Hand	\$350	\$700
Collarbone (acrom)	\$125	\$250
Finger, Toe	\$125	\$250
Emergency Dental Benefit		
Extraction		\$100
Crown		\$200
Emergency Room Benefit		\$560
Family Lodging Benefit		\$100 per night stay
Maximum Lodging Night Stays: 30 night stays per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$2,500	\$5,000
Skull – Simple	\$1,000	\$2,000
Hip or Thigh	\$1,500	\$3,000
Vertebrae, Pelvis, Leg	\$1,000	\$2,000
Bones of Face or Nose	\$400	\$800
Upper Jaw, Maxilla	\$400	\$800
Upper Arm	\$400	\$800
Lower Jaw, Mandible	\$325	\$650
Kneecap, Ankle, Foot (excluding toes)	\$325	\$650
Shoulder Blade, Collarbone	\$325	\$650
Vertebral Processes	\$325	\$650
Forearm, Hand, Wrist (except fingers)	\$325	\$650
Rib	\$250	\$500
Coccyx	\$225	\$450
Finger, Toe	\$75	\$150
Gunshot Wound Benefit		\$1,000
Hospital Admission Benefit		\$2,000
Hospital Confinement Benefit		\$400 per day
Maximum Number of Days: 365 days per Covered Accident.		
Hospital Intensive Care Unit (ICU) Benefit		\$1,000 per day
Maximum Number of Days: 15 days per Covered Accident.		
Lacerations Benefit		
Over 6 inches with stitches		\$500
2 – 6 inches with stitches		\$250
Less than 2 inches with stitches		\$75
Any length without stitches		\$50
Medical Appliances Benefit		\$150

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$50 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$50 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$100 per visit
Prosthesis Benefit	\$1,000 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$600
Ruptured/Herniated Disc	\$750
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$1,000
One	\$700
Exploratory Surgery	\$200
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$2,000
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$600
Other Open Surgery not already covered with repair	\$600
Laparoscopic Surgery	\$500
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$300
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years.	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$1,200 per month]
Maximum Number of Months: [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

Part 1: Definitions

When the following terms are used in this Policy, they have the meaning stated.

24-Hour Coverage means coverage is provided under this Policy for Injuries resulting from Covered Accidents incurred on and off the job.

Accident or Accidental means an unforeseen occurrence which results in a bodily injury and occurs while the coverage is in force under this Policy for the Covered Person. Accident or Accidental does not mean an unintentional accident caused by or during medical treatment or surgery for Sickness or Injury.

Active Employee means the Primary Insured who, at the time of application for this Policy:

1. Meets his or her employer's requirements for active employment as a full-time employee, or part-time employee if applicable; and
2. Is actively working for the employer at the employer's regular place of business or regular assigned location.

Calendar Year means the period of time that begins on January 1 and ends on December 31 of the same year.

Child Care means care or services that provide care for children outside of the parent's regular place of residence. Child Care includes care and services provided by:

1. A licensed child day care service;
2. A licensed after school program; and
3. A licensed summer day camp program for children.

Child Care does not include services provided by non-licensed child care providers.

Coma means a state of unconsciousness for fourteen (14) consecutive days due to an accident with:

1. No reaction to external stimuli,
2. No reaction to internal needs, and
3. The use of life support systems.

Common Carrier means commercial airplanes, trains, buses, trolleys, subways, ferries and boats that operate on a regularly scheduled basis between predetermined points or cities. Taxis and privately chartered vehicles are not Common Carriers.

Confined or Confinement means on the advice of a Physician, the assignment of a Covered Person to a bed as a resident inpatient in a Hospital for not less than 20 continuous hours. There must be a charge for room and board.

Covered Accident means an Accident that:

1. Occurs while this Policy and the Covered Person's coverage is in force;
2. Occurs after the Policy Effective Date and the effective date of any Riders; and
3. Is not excluded by this Policy or applicable Riders attached to it.

Covered Dependent Child means the Primary Insured's Eligible Dependent child who is insured under the Policy.

Covered Person means an individual insured under this Policy.

Dependent means:

1. The Primary Insured's legal spouse;
2. The person living with the Primary Insured in a domestic partnership or civil union relationship as defined and permitted by applicable state law; or
3. The unmarried natural, adopted (from the time of placement), foster child, or stepchild of the Primary Insured from birth through age 24; or
4. The unmarried child, from birth through age 24, of the person who is in a domestic partnership or civil union relationship with the Primary Insured if: (a) such domestic partnership or civil union is in accordance with and permitted by state law; and (b) the person has legal custody of the child.

Dislocation means a completely separated joint.

1. Open Reduction of Dislocation means a surgical procedure.
2. Closed Reduction of Dislocation means a non-surgical procedure.

The joint Dislocations covered under this Policy are shown in the Schedule of Benefits.

Emergency Room means a specified area within a Hospital that is designated for the emergency care of accidental injuries. This area must:

1. Be staffed and equipped to handle trauma;
2. Be supervised and provide treatment by Physicians; and
3. Provide 24 hours a day service by registered graduate nurses (RNs).

Evidence of Insurability means a statement of the applicant's medical history.

Fracture means a broken bone which can be seen by x-ray.

1. Open Reduction of Fracture means a surgical procedure.
2. Closed Reduction of Fracture means a non-surgical procedure.

The bone Fractures covered under this Policy are shown in the Schedule of Benefits.

Handicapped Child means the unmarried natural, adopted, or stepchild of the Primary Insured age 25 or older who remains dependent on the Primary Insured for support and maintenance because that child is incapable of working due to physical handicap or mental retardation. Written proof of the Handicapped Dependent Child's incapacity must be furnished to Us at Our Administrative Office in order for the child's coverage to be continued under this Policy as a Dependent Child. We may require, at reasonable intervals, at Our own expense, evidence that the handicap is continuing. In any event, We will not require evidence more often than once a year after the 2 year period following attainment of the limiting age.

Hospital means an institution that is run for the care and treatment of sick or injured persons as in-patients and which, on its premises or in facilities available to the hospital on a pre-arranged basis, meets fully each of the following requirements: (1) is operated in accordance with the laws pertaining to hospitals in the jurisdiction in which it is located; (2) is under the supervision of a medical staff and has one or more Physicians available at all times; (3) provides 24 hours a day service by registered graduate nurses (RNs); and (4) is not, other than incidentally, a place for the aged, a place for the mentally ill, or a nursing or convalescent home. A Covered Person will not be considered hospital confined if in a special unit of a hospital used as a nursing, rest, or convalescent home. Hospital includes a licensed ambulatory surgical facility.

Hospital Intensive Care Unit (ICU) means:

1. A specifically designated part of a Hospital called an intensive care unit that provides the highest level of medical care and is restricted to patients who are critically ill or injured and who require intensive comprehensive observation and care;
2. Separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient confinement;
3. Permanently equipped with special lifesaving equipment for the care of the critically ill or injured;

4. Under constant and continuous observation by a specially trained nursing staff assigned exclusively to the intensive care unit on a 24 hour basis; and
5. Has an assigned Physician on a full-time basis.

An ICU is not a sub-acute intensive care unit which provides a level of medical care below intensive care, but above a regular private or semi-private room or ward.

Hospital Sub-Acute Intensive Care Unit means a place which:

1. Is a specifically designated area of the Hospital that provides a level of medical care below intensive care, but above a regular private or semi-private room or ward;
2. Is separate and apart from the surgical recovery room and from rooms, beds and wards customarily used for patient Confinement;
3. Is permanently equipped with special life saving equipment for the care of the critically ill or injured; and
4. Is under constant and continuous observation by a specially trained nursing staff.

A Hospital Sub-Acute Intensive Care Unit may be referred to as progressive care, intermediate care, or a step-down unit, but it is not a regular private or semi-private room, or a ward with or without monitoring equipment.

Immediate Family means the spouse, parent, child, or sibling of a Covered Person, including any person to whom the Covered Person is:

1. Related by marriage; or
2. In a domestic partnership or civil union relationship as defined and permitted by applicable state law.

Incomplete Dislocation means the joint is not completely separated.

Injury means accidental body injury that is the direct result of a Covered Accident. Injuries must be independent of Sickness, disease, bodily infirmity and other causes.

Laceration means a cut.

Loss of Finger, Foot, Hand, Toe or Sight

1. Loss of Hand means that the hand is cut off through or above the wrist joint or the use of the hand is permanently lost.
2. Loss of Foot means that the foot is cut off through or above the ankle joint or the use of the foot is permanently lost.
3. Loss of a Finger means that the finger is cut off at the joint proximate to the first interphalangeal joint where it is attached to the hand.
4. Loss of a Toe means that the toe is cut off at the joint proximate to the first interphalangeal joint where it is attached to the foot.
5. Loss of Sight of an eye means best corrected vision of the eye is 20/200 or worse, or a visual field of 20 degrees or less. The degree of visual loss must be permanent with no realistic expectation of improvement.

Observation Unit means a specified area within a Hospital, apart from the Emergency Room, where a patient can be monitored following outpatient surgery or treatment in the Emergency Room by a Doctor and which:

1. Is under the direct supervision of a Doctor or registered nurse;
2. Is staffed by nurses assigned specifically to that unit; and
3. Provides care seven days per week, 24 hours per day.

Off Job Accident means a Covered Accident that does not occur while a Covered Person is working for pay or profit.

On Job Accident means a Covered Accident that occurs while a Covered Person is working for pay or profit. On Job Accident does not include the time the Covered Person travels to and from work.

Outpatient Treatment means treatment received by a Covered Person at a Hospital or licensed ambulatory care facility when there is no charge for room and board.

Paralysis means spinal cord injuries sustained in a Covered Accident that result in the loss of use of two or more arms and legs.

1. Paraplegia is the complete and irreversible Paralysis of both legs.
2. Quadriplegia is the complete and irreversible Paralysis of both arms and both legs.

Physical Therapist means a person other than You or Your Immediate Family, who:

1. Is licensed by the state to practice physical therapy;
2. Performs services which are allowed by their license;
3. Performs services for which benefits are provided in the Policy; and
4. Practices according to the Code of Ethics of the American Physical Therapy Association.

Physician means a person licensed to practice medicine in the state in which treatment is received and providing treatment or advice in accordance with the license. State law may require consideration of professional services of a practitioner other than a medical Physician. If so, the term "Physician" also includes persons recognized as qualified to treat the accidental injury for which claim is made by the state in which treatment is received. Physician does not include dentists. The Physician may not be You or Your Immediate Family.

Policy Effective Date means the date on which this Policy becomes effective. The Policy Effective Date is shown in the Schedule of Benefits.

Policy Year(s) mean the years during which this Policy is in force. Policy Years are measured from the Policy Effective Date.

Primary Insured means the person named as the Primary Insured in the Schedule of Benefits. The Primary Insured is the Owner of this Policy, which means he or she may exercise the rights set forth in this Policy. On the Policy Effective Date, the Primary Insured and the Owner are as designated in the application for this Policy. The Primary Insured is also referred to as "You" or "Your".

Sickness means any illness, infection, disease or any other abnormal physical condition which is not caused by an Injury. It includes pregnancy, infection and any other abnormal physical condition which is not caused by a Covered Accident.

Part 2: When Coverage Takes Effect and Terminates

Eligibility for Coverage

Primary Insured

The Primary Insured is eligible for coverage under this Policy if all of the following criteria are met:

1. Your application is approved by Us; and
2. You are an Active Employee with Your employer on the Policy Effective Date.

Eligible Dependent

An Eligible Dependent is eligible for coverage on the later of:

1. The date You are eligible for insurance; or
2. The date You acquire the Dependent.

A Dependent will be deemed to be an Eligible Dependent as follows:

1. **Spouse:** On the date of the marriage.
2. **Domestic Partner or Civil Union relationship:** On the date the domestic partnership or civil union relationship occurs in accordance with and permitted by state law.
3. **Natural Child:** On the date of birth.
4. **Adopted Child:** On the date the of the filing of a petition for adoption of the child if You apply for coverage under this Policy within 60 days after You file the petition for adoption.
5. **Foster Child:** On the date the child is placed in Your home, as long as You have assumed the legal obligation for total or partial support with the intent that the child resides with You on more than a temporary or short-term basis.
6. **Minor Child Who is the Subject of an Administrative or Court Order:** On the effective date of the administrative or court order to provide coverage for a minor child.
7. **Stepchild:** On the date of the marriage.
8. **Child of Domestic Partner:** On the date the child is legally placed in Your home, if: (a) the child is the child of the person with whom You have a domestic partnership or civil union that is in accordance with and permitted by state law; and (b) You have assumed legal obligation for total or partial support with the intent that the child resides with You on more than a temporary or short-term basis.

Effective Date of Coverage

Coverage for Covered Persons will be effective under this Policy as follows:

1. **Primary Insured:** Coverage will start at 12:01 a.m. standard time at Your home on the Policy Effective Date shown in the Schedule of Benefits.
2. **Eligible Dependent:**
 - a **Newborn Child:** Coverage for a newborn child is effective from the moment of birth.
 - b **Adopted Child:** Coverage for an adopted child is effective on the date of the filing of a petition for adoption of the child if You apply for coverage under this Policy within 60 days after You file the petition for adoption. Coverage for a newborn adopted child will begin from the moment of birth if within 60 days after the birth of the child: (1) the petition for adoption is filed; and (2) the application for coverage under this Policy is submitted to Us.
 - c **Foster Child:** Coverage for a foster child is effective from the date of placement.
 - d **Minor Child That is the Subject of an Administrative or Court Order:** Coverage for the minor child is effective from the date of the order to provide coverage.
 - e **A Child Other Than a Newborn or Adopted or Foster Child or Minor Child That is the Subject of an Administrative or Court Order:** You must complete and sign an application that includes Your Dependents. If approved by Us, Dependent coverage will be effective the same date Your insurance is effective for Eligible Dependents who are eligible on that date; for whom coverage is applied for and Premium paid.
 - f **A Child of a Domestic Partner:** Coverage for the child of the person who is in a domestic partnership or civil union relationship with You will be effective from the date of legal placement, provided the domestic partnership or civil union is in accordance with and permitted by state law.

Coverage for New Eligible Dependents

If additional monthly Premium will be required to enroll a new spouse or a new Dependent Child, other than a newborn adopted child:

1. We must receive written notice within 31 days of the event (e.g., marriage, birth or date of placement); and
2. You must pay any additional Premium within 31 days of receiving a notice of the amount due.

If notification of a newborn, other than a newborn adopted child, is received more than 31 days after birth, coverage ends on the 32nd day after birth. Insurance for the newborn will become effective only if an application for coverage is accepted by Us.

With respect to a newborn adopted child, We must receive notification of the newborn and application for the child's coverage under this Policy within 60 days after You file the petition for adoption of the child. If We do not receive the notification and application within the 60-day period, coverage for the child will end under this Policy on the 61st day after the date You filed the petition for adoption of the child.

If no additional monthly Premium will be required to add a new spouse or new Dependent child under this Policy, We must receive written notice within 31 days of the event (e.g., marriage, birth, or date of placement) so that We may enroll the Dependent for coverage under this Policy.

Policy Termination

This Policy will terminate at 12:01 a.m. at Your home on the earliest of:

1. The end of the period for which no Premium is paid, subject to the Grace Period;
2. The Premium due date following the date We receive Your written request to terminate this Policy; or
3. The date of Your death.

Termination of Covered Dependents

A Covered Dependent's coverage will terminate at 12:01 a.m. at Your home on the earliest of:

1. The end of the period for which Premium is paid, subject to the Grace Period;
2. The Premium due date following the date a Dependent child ceases to be a Dependent as defined;
3. The date Your coverage terminates, subject to *Dependent Continuation provision in this section*; or
4. The Premium due date following the date We receive Your written request to terminate Dependent coverage for Your spouse and/or Dependent child/children.

Suspension of Coverage During Military Service

If a Covered Person enters into active duty status for the military or naval service of the United States or any other country, coverage is suspended as of the first date of active duty status. We request that You notify Us within 30 days of the first date of active duty status; however coverage will be suspended regardless of receipt of notification. When We receive notification of Your active duty status, any required adjustment of Premium will be made, including refund of Premium if necessary.

Upon termination of active duty status, the Covered Person may request a resumption of coverage if: he or she:

1. Meets the eligibility requirements for this Policy as provided under *Eligibility for Coverage*, in Part 2 of this Policy;
2. Makes the request for resumption of coverage in writing to us within 60 days of his or her termination of active duty status; and
3. Pays the required Premium.

Coverage under this Policy will resume on the date immediately following Our receipt and verification of the above requirements.

Continuation of Coverage for Handicapped Child

A Dependent child who is a Handicapped Child and is insured under this Policy may continue to be covered under this Policy when he or she reaches the limiting age. You must claim handicap status for the child in order for Us to continue the child's coverage under this Policy. Coverage for a handicapped child will end on the earliest of:

1. The date the Dependent marries;
2. The date the Dependent obtains self-sustaining employment;
3. The date the Dependent ceases to be handicapped;
4. The date the Dependent ceases to be dependent upon You for support and maintenance;
5. The date You refuse to allow Us to examine the Dependent; or
6. The Premium due date following the date We receive Your written request to terminate Dependent coverage for Your spouse and/or Dependent child/children.

Dependent Continuation

If coverage terminates due to death or divorce of the Primary Insured, and the Primary Insured's spouse is a Covered Person named in the Schedule of Benefits, the spouse may elect to continue coverage under this Policy. If the spouse elects to continue coverage, the spouse may also elect to continue coverage for Dependent children named in the Schedule of Benefits.

Notice of this election must be received by Us within 60 days of the event. No evidence of insurability will be required. Premium for the continued coverage must be paid within 31 days after the election is made. Premium will be based on Our rates in effect at the time of continuation.

Part 3: Premiums

Payment of Premium

All premium, charges or fees (hereinafter referred to as "Premium") must be paid to Us. The Premiums are shown in the Schedule of Benefits. If you do not pay the Premiums, this Policy will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Policy Effective Date shown in the Schedule of Benefits; and (2) The Premium Mode, which is how often You pay the Premiums, as shown in the Schedule of Benefits.

Unpaid Premium

On payment of a claim under this Policy, any Premium then due and unpaid may be deducted from Your claim payment.

Grace Period

After the first Premium, if a Premium is not paid on or before the date it is due, it may be paid during the next 31 days. These 31 days are called the Grace Period. Coverage shall remain in force during the Grace Period. If any Premium is unpaid at the end of the Grace Period, coverage shall automatically terminate retroactively to the last day for which Premium has been paid.

Premium Rate Changes

Subject to rate requirements applicable in the state in which this Policy is issued, We may change the rates for this Policy on any Policy anniversary. Any rate change will be made only when we change the rates for all policies in the same rate class on the same form as this policy that are issued in the same state as this Policy. We will give You at least 45 days prior written notice before the effective date of any rate change. The rates will never be changed due to a change in Your age or health.

Premium Refund

In the event of Termination of Coverage or Your death, We will refund any portion of the unearned Premium.

Reinstatement

If this Policy terminates due to failure to pay Premium, You may apply for Reinstatement by submitting an application to Us. Such application must be submitted within 90 days from the date coverage ended. If We approve the application, this coverage will be reinstated on the date We assign. If We do not notify You that We have approved or disapproved the reinstatement application, this coverage will be reinstated on the 45th day after We receive Your completed reinstatement application and Premium has been paid to Us.

The reinstated Policy will only cover losses that result from Injuries received in a Covered Accident that occurs after the Reinstatement date.

In all other respects, the rights of all parties will remain the same, subject to any provisions noted on or attached to the reinstated coverage. The statements in the application for the reinstated coverage will be measured from the date of reinstatement with respect to the time periods stated in the *Incontestability* provision appearing in Part 7, General Provisions.

Part 4: Benefits

The following benefits are covered under this Policy. The benefit amount payable for each covered benefit is shown in the Schedule of Benefits.

Accidental Death Benefit

This Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

This Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered Person.

If the Accidental Death Benefit or Accidental Death Common Carrier Benefit is payable due to Your death, benefits are payable to the beneficiary named in the application or later changed by You. If a Covered Person other than You dies, benefits are payable to You.

Accidental Dismemberment Benefit: Loss of Finger, Toe, Hand, Foot, or Sight Benefit

This benefit is payable for a Covered Person for the loss of finger, toe, hand, foot, or sight due to Injuries received in a Covered Accident and occurs within 90 days after the date of the Covered Accident. If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Air Ambulance Benefit

This Air Ambulance Benefit is payable for a licensed professional air ambulance company to transport a Covered Person to or from a Hospital, or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes an air ambulance trip. The air ambulance must provide the transportation services to the Covered Person within 48 hours after the date of the Covered Accident.

Ambulance Benefit (Ground)

This Ambulance Benefit is payable for a licensed professional ambulance company to transport a Covered Person by ground, to or from a Hospital or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes a ground ambulance trip. The ambulance must provide transportation services to the Covered Person within 72 hours after the date of the Covered Accident.

Blood/Plasma Benefit

This Blood/Plasma Benefit is payable for each Covered Person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma as a result of Injuries received in a Covered Accident. Blood/plasma must be administered within 90 days after the date of the Covered Accident.

Burn Benefit

This Burn Benefit is payable for each Covered Person who sustains second and third degree burns as the result of Injuries received in a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the date of the Covered Accident. The benefit payable is shown in the Schedule of Benefits. If the Covered Person meets more than one of the burn classifications, We will pay only the greater benefit amount as shown in the Schedule of Benefits.

Child Care Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the monthly Child Care Benefit shown in the Schedule of Benefits for each Covered Dependent Child if the Covered Dependent Child is:

1. Insured under this Policy before the death of the Primary Insured while this Policy is in force;
2. Under age 13; and
3. Receiving ongoing monthly Child Care.

Benefits will be paid until the Covered Dependent attains age 13. Written verification that the Covered Dependent Child is receiving ongoing monthly Child Care must be provided to Us in a form satisfactory to Us.

Diagnostic Exam

This Diagnostic Exam Benefit is payable for each Covered Person who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. Diagnostic exams include x-rays, Magnetic Resonance Imagings (MRIs), and Computed Tomographies (CT Scan).

Dislocation Benefit

This Dislocation Benefit is payable for each Covered Person who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction.

If the Dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved. If a Physician diagnoses the Dislocation as an Incomplete Dislocation, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident that is incurred after the Policy Effective Date. Subsequent Dislocations of the same joint are not payable under this Policy.

If a Covered Person sustains more than one Dislocation in one Covered Accident which requires open or closed reduction, We will pay for all Dislocations up to two times the amount for the joint Dislocation that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount as shown in the Schedule of Benefits.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the larger of Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit as shown in the Schedule of Benefits.

Emergency Dental Benefit

This Emergency Dental Benefit is payable for each Covered Person who requires dental work as the result of Injuries received in a Covered Accident. This benefit is payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

Emergency Room Treatment Benefit

This Emergency Room Treatment Benefit is payable for each Covered Person who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident. Follow-Up Treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Family Lodging Benefit

This Lodging Benefit is payable for one companion to accompany a Covered Person who is Confined in a Hospital as of the result of Injuries received in a Covered Accident. The Hospital must be more than 100 miles from the residence of the Covered Person, and the place of lodging must be a motel or hotel room. Subject to the Maximum Lodging Night Stays shown in the Schedule of Benefits, benefits will be paid as long as:

1. The companion accompanies the Covered Person; and
2. The Covered Person remains Confined.

Fracture Benefit

This Fracture Benefit is payable for each Covered Person who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must be diagnosed by a Physician within 90 days after the date of the Covered Accident. The Fracture must require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

If a Covered Person sustains more than one Fracture in a Covered Accident and requires open or closed reduction, We will pay for all Fractures. However, We will pay no more than two times the amount shown in the Schedule of Benefits for the bone involved which has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both up to two times the amount for the bone or joint involved which has the greater benefit amount as shown in the Schedule of Benefits.

Gunshot Wound

This Gunshot Benefit is payable for each Covered Person who sustains a gunshot wound incurred as a result of a Covered Accident. The gunshot wound must be treated by a Physician within 72 hours after the date of the Covered Accident.

Hospital Admission Benefit

This Hospital Admission Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined in a Hospital within 30 days after the date of the Covered Accident.

This benefit will not be paid for:

1. Emergency Room treatment;
2. Outpatient Treatment; or
3. A stay of less than 20 hours in an Observation Unit.

Hospital Confinement Benefit

This Hospital Confinement Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If a Covered Person is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat the Confinement as a new Confinement.

This benefit will not be paid for:

1. Emergency Room treatment;
2. Outpatient Treatment; or
3. Confinement of less than 20 hours to an Observation Unit.

We will not pay this Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently.

Hospital Intensive Care Unit Confinement Benefit

This Hospital Intensive Care Unit Confinement Benefit is payable for each Covered Person Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, We will treat the Confinement as a new Confinement.

If a Covered Person is Confined to a Hospital Intensive Care Unit that does not meet the definition for such confinement in this Policy, We will pay the Hospital Confinement Benefit. We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently. If a Covered Person is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed 365 days for the Hospital Confinement Benefit and 15 days for the Hospital Intensive Care Unit Confinement Benefit.

Laceration Benefit

This Laceration Benefit is payable for each Covered Person who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, the benefit payable will be the benefit for Lacerations repaired without stitches.

If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Covered Accident, We will subtract the amount We paid under this Laceration Benefit from the Accidental Dismemberment Benefit.

Medical Appliance Benefit

This Medical Appliance Benefit is payable for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a Physician for a Covered Person as a result of Injuries received in a Covered Accident. Wheelchairs, crutches, walkers, back braces, or leg braces are examples of medical appliances. The use of a medical appliance must begin within 90 days after the date of the Covered Accident.

Paralysis Benefit

This Paralysis Benefit is payable for each Covered Person who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence of the Injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent.

Physical Therapy Benefit

This Physical Therapy Benefit is payable for each Covered Person who requires physical therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 60 days after:

1. the date of the Covered Accident; or
2. The date on which the Physician prescribes physical therapy following surgery or other medical treatment required and provided for treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis.

Physician Follow-Up Treatment Benefit

This Physician Follow-Up Benefit is payable for each Covered Person who receives follow-up treatment for Injuries incurred from a Covered Accident when such follow-up treatment is recommended or advised by a Physician. The follow-up treatment must:

1. Be within 90 days after the date of the Covered Accident;
2. Be due to Injuries received as the result of a Covered Accident;
3. Occur after initial treatment in a Physician's office or Emergency Room; and
4. Not be for routine examinations or preventive testing.

This benefit includes follow-up treatment provided by a licensed or certified chiropractor.

Physician's Office Visit Benefit

This Physician's Office Visit Benefit is payable for each Covered Person who receives initial treatment and/or advice by a Physician in a Physician's office as the result of Injuries received in a Covered Accident. The treatment must be given within 72 hours after the date of the Covered Accident and the services provided must not be for routine examinations or preventive testing. This benefit will not be payable if the Covered Person received emergency room treatment within the same 72 hour period.

Follow-up treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Prosthesis Benefit

This Prosthesis Benefit is payable for a Covered Person who loses a hand, foot or Loss of Sight of an eye as a result of Injuries received in a Covered Accident and requires a prosthetic device or artificial limb which is prescribed by a Physician for functional use. The prosthetic device/artificial limb must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for: (1) hearing aids; (2) dental aids including false teeth; (3) eyeglasses; or (4) cosmetic prostheses. This benefit is not payable for joint replacement such as an artificial hip or knee.

Skin Grafts Benefit

This Skin Graft Benefit is payable for each Covered Person who receives a skin graft for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Covered Person per Covered Accident.

Surgery Benefit

This Surgery Benefit is payable for each Covered Person who undergoes a surgical procedure listed in the Schedule of Benefits within 72 hours of the Covered Accident for repair of internal Injuries received as the result of a Covered Accident. Coverage may be provided in a Hospital on inpatient or outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for exploratory or other specified surgery without repair as shown in the Schedule of Benefits.

Torn Knee Cartilage Benefit

This Torn Knee Cartilage Benefit is payable for each Covered Person who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. The torn knee cartilage (meniscus) must be first treated by a Physician within 60 days and must be repaired through surgery by a Physician within six months after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Schedule of Benefits.

Ruptured/Herniated Disc Benefit

This Ruptured/Herniated Disc Benefit is payable for each Covered Person who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. The ruptured or herniated disc must be treated by a Physician within 60 days and must be repaired through surgery by a Physician within 365 days after the date of the Covered Accident.

Tendon/Ligament /Rotator Cuff Benefit

This Tendon/Ligament/Rotator Cuff Benefit is payable for each Covered Person who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed, and must be repaired through surgery by a Physician within 90 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Schedule of Benefits.

If any Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation Benefit

This Transportation Benefit is payable for each Covered Person who is required to travel more than 100 miles to receive special treatment or be Confined in a Hospital if:

1. Prescribed by a Physician for treatment of Injuries resulting from a Covered Accident; and
2. Such treatment or confinement is not available locally.

This benefit is not payable for transportation by ground ambulance or air ambulance.

Tuition Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the annual Tuition Benefit shown in the Schedule of Benefits for each Covered Dependent Child for up to four years, if the Covered Dependent Child is:

1. Insured under this Policy before the death of the Primary Insured while this Policy is in force; and
2. At least age 14 at the time the Primary Insured's death; and
3. Under the limiting age for a Dependent Child as provided in this Policy; and
4. Enrolled in an educational institution that requires tuition to be paid.

Written verification that the Covered Dependent Child is attending an educational institution that requires tuition to be paid must be provided to Us in a form satisfactory to Us. We may require this verification each year this Tuition Benefit is payable.

Wellness Benefit

This Wellness Benefit is payable for only one Covered Person insured under this Policy per Policy Year. Benefits will be payable for one of the following:

1. Low Dose Mammography;
2. Pap Smear for women over age 18;
3. Flu Shots;
4. Colonoscopy;
5. Prostate Specific Antigen (for prostate cancer); or
6. Child Sports Physicals.

Part 5: General Exclusions and Limitations

No benefits will be payable under this Policy for an Injury that is the result of a Covered Accident that occurs:

1. During war or an act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
2. While riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
3. While operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include: (a) flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline; or (b) flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
4. While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
5. While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
6. During the commission of or attempting to commit a felony, or while being engaged in an illegal occupation;
7. While committing or attempting to commit suicide or injuring oneself intentionally; or
8. Due to alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed Physician.

No benefits will be payable for:

1. Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
2. An unintentional accident caused by or during medical treatment or surgery for Sickness or Injury;

3. Treatment for a Coma;
4. An Injury or death that is caused by accident that is not a Covered Accident; or
5. An Injury that results from a Covered Accident that is an On Job Accident, if this Policy provides coverage only for Off Job Accidents as shown in the Schedule of Benefits.

Part 6: Claim Provisions

How to File A Claim

Notice of Claim

You must send Us a completed claim form within 20 days after the covered loss begins or as soon as it is reasonably possible.

If You do not have a claim form You must give Us a written statement describing Your loss within 20 days after the covered loss begins or as soon as it is reasonably possible. The statement should include Your full name and address, and Policy number as shown in the Schedule of Benefits. It can also include Proof of Loss and how the loss occurred. Send the statement to Us.

Claim Forms

When We receive the statement describing Your loss, We will send You claim forms within 15 days. If You do not receive claim forms, Your written statement along with the proof of loss will be used to process Your claim.

Proof of Loss

Written proof of loss must be completed and returned to Us, or any of our authorized agents, within 180 days after the covered loss begins or as soon thereafter as reasonably possible. Failure to furnish such proof within the time required will not invalidate nor reduce any claim if it was not reasonably possible to give proof within such time, provided such proof is furnished as soon as reasonably possible. Except for absence of legal capacity, no claim for benefits will be accepted after one year from the date proof of loss is required.

Time Payment of Claims

Benefits payable under this Policy will be paid immediately upon receipt of due written proof of such loss.

Payment of Claims

Benefits payable for loss of life will be payable in accordance with the beneficiary designation. If there is no beneficiary designation, the benefit will be payable to Your estate. Other benefits will be paid immediately after We receive written proof of loss and process Your claim. Benefits will be paid to You unless such benefits have been assigned. Any accrued benefits unpaid at Your death will be paid to the named beneficiary, if any, otherwise to Your estate.

If benefits are payable to Your estate or to a person who cannot give a valid release, We can pay up to \$1,000 to someone related to You by blood or marriage (or to Your beneficiary) whom We believe has a right to it. We will be discharged from all liability for any such payment made in good faith.

Physical Examinations and Autopsy

We can require that You be examined or interviewed at our expense as often as it is reasonably necessary while Your claim is pending or ongoing. We, at our own expense, may have an autopsy made unless prohibited by law.

Right to Recover

If we pay benefits under this policy, and the total of such benefits is greater than the amount payable under this policy, we will have the right to recover such excess from:

1. Any person to whom, or for whom, such payments were made;

2. Any organization which should have made such payments; and
3. Future benefit payments, if any.

We will have a right to:

1. Reimbursement for benefits paid under this Policy, if it is found that such payments were paid in error; and
2. Recover any benefits paid under this Policy as a result of fraudulent claims submitted for covered benefits not rendered or purchased.

Part 7: General Provisions

Entire Contract

This Policy, Your application for this Policy, any endorsements, riders and any attached papers constitute the entire contract. No change shall be valid until approved by an executive officer of the Company and endorsed or attached to this Policy. No agent has authority to change this Policy or waive any of its provisions.

Misstatement of Age

If Your age has been misstated in the application, and if based on Your correct age this coverage would not have been issued, We will refund those Premiums and this Policy will be considered never to have been issued.

Representations

In the absence of fraud, any statement made by You will be deemed a representation and not a warranty. Such statement may not be used in defense of a claim, unless it is contained in a signed application.

Incontestability

Any misstatements or misrepresentation on the application may result in loss of coverage. After 2 years from the Policy Effective Date no misstatements or omissions made in Your application, except for fraudulent misstatements, will be used to void the coverage or to deny a claim for any loss.

Change of Beneficiary

You can change Your beneficiary at any time by giving Us written notice. The beneficiary's consent is not required for this or any other change in this Policy, unless the designation of the beneficiary is irrevocable.

Assignment

You can assign any rights You have under this Policy. However, no assignment is binding on Us until We receive a copy of it. Each assignment will be subject to any payments made or action taken by Us before We received such assignment. We are not responsible for the validity of any assignment.

Legal Actions

No legal action may be brought against Us to recover benefits:

1. Before 60 days after You send Us written proof of loss; or
2. More than 3 years after the time has passed from the date of the alleged accident.

Nonparticipating

This policy does not share in any distribution of surplus. No dividends are payable.

Conformity with State Laws

Any provision of this Policy which, on its Policy Effective Date, is in conflict with the laws of the state in which You reside on that date, is changed to conform to the minimum requirements of that state.

ACCIDENT INSURANCE POLICY
GUARANTEED RENEWABLE
NONPARTICIPATING

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$59.94]	Mode of Payment: [Monthly]
Coverage Plan: [Plan A]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>
Accidental Death Benefit	\$25,000
Accidental Death Common Carrier Benefit	\$100,000
Accidental Dismemberment Benefit	
Loss of both arms, both legs, or sight of both eyes	\$25,000
Loss of one arm, one leg, or sight of one eye	\$5,000
Loss of one or more fingers or one or more toes	\$1,000
Air Ambulance Benefit	\$1,000 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Ambulance Benefit (Ground)	\$200 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Blood/Plasma Benefit	\$100
Burn Benefit	
3 rd Degree of 30 square inches or more	\$5,000
3 rd Degree of less than 30 square inches	\$1,000
2 nd Degree	\$500
If more than one burn classification is sustained in one Covered Accident, the greater Burn Benefit will be paid.	
Child Care Benefit	\$600 per month
Benefit will be payable for each Covered Dependent until age 13.	
Diagnostic Exam Benefit	\$150 per exam
Maximum Number of Exams: 2 exams per Covered Accident	
Dislocations Benefit	
Hip	Closed Reduction \$1,500
Knee	\$750
Ankle	\$600
Collarbone (stern)	\$400
Lower Jaw	\$250
	Open Reduction \$3,000 \$1,500 \$1,200 \$800 \$500

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Shoulder	\$250	\$500
Elbow or Wrist	\$250	\$500
Bones or Bones of Hand	\$250	\$500
Collarbone (acrom)	\$75	\$150
Finger, Toe	\$75	\$150
Emergency Dental Benefit		
Extraction		\$50
Crown		\$100
Emergency Room Benefit		\$120
Family Lodging Benefit		\$100 per night stay
Maximum Number of Lodging Night Stays: 30 nights per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$1,500	\$3,000
Skull – Simple	\$500	\$1,000
Hip or Thigh	\$750	\$1,500
Vertebrae, Pelvis, Leg	\$600	\$1,200
Bones of Face or Nose	\$250	\$500
Upper Jaw, Maxilla	\$250	\$500
Upper Arm	\$250	\$500
Lower Jaw, Mandible	\$200	\$400
Kneecap, Ankle, Foot (excluding toes)	\$200	\$400
Shoulder Blade, Collarbone	\$200	\$400
Vertebral Processes	\$200	\$400
Forearm, Hand, Wrist (except fingers)	\$200	\$400
Rib	\$150	\$300
Coccyx	\$125	\$250
Finger, Toe	\$50	\$100
Gunshot Wound Benefit		\$500
Hospital Admission		\$1,000
Hospital Confinement		\$200 per day
Maximum Number of Days: 365 days per Covered Accident		
Hospital Intensive Care Unit (ICU)		\$500 per day
Maximum Number of Days: 15 days per Covered Accident		
Lacerations Benefit		
Over 6 inches with stitches		\$300
2 – 6 inches with stitches		\$150
Less than 2 inches with stitches		\$25
Any length without stitches		\$25
Medical Appliances Benefit		\$100

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$25 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$25 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$50 per visit
Prosthesis Benefit	\$500 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$400
Ruptured/Herniated Disc	\$300
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$500
One	\$300
Exploratory Surgery	\$100
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$1,000
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$200
Other Open Surgery not already covered with repair	\$200
Laparoscopic Surgery	\$150
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$100
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years .	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$600 per month]
Maximum Number of Months – [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$88.35]	Mode of Payment: [Monthly]
Coverage Plan: [Plan B]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>
Accidental Death Benefit	\$50,000
Accidental Death Common Carrier Benefit	\$200,000
Accidental Dismemberment Benefit	
Loss of both arms, both legs, or sight of both eyes	\$50,000
Loss of one arm, one leg, or sight of one eye	\$7,500
Loss of one or more fingers or one or more toes	\$1,500
Air Ambulance Benefit	\$1,000 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Ambulance Benefit (Ground)	\$200 per trip
Maximum Number of Trips: 1 trip per Covered Accident	
Blood/Plasma Benefit	\$200
Burn Benefit	
3 rd Degree of 30 square inches or more	\$7,500
3 rd Degree of less than 30 square inches	\$1,500
2 nd Degree	\$750
If more than one burn classification is sustained in one Covered Accident, the greater Burn Benefit will be paid.	
Child Care Benefit	\$600 per month
Benefit will be payable for each Covered Dependent until age 13.	
Diagnostic Exam Benefit	\$200
Maximum Number of Exams: 2 exams per Covered Accident	
Dislocations Benefit	
Hip	Closed Reduction \$2,000
Knee	Closed Reduction \$1,000
Ankle	Closed Reduction \$800
Collarbone (stern)	Closed Reduction \$500
Lower Jaw	Closed Reduction \$300
Shoulder	Closed Reduction \$300
	Open Reduction \$4,000
	Open Reduction \$2,000
	Open Reduction \$1,600
	Open Reduction \$1,000
	Open Reduction \$300
	Open Reduction \$600

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Elbow or Wrist	\$300	\$600
Bones or Bones of Hand	\$300	\$600
Collarbone (acrom)	\$100	\$200
Finger, Toe	\$100	\$200
Emergency Dental Benefit		
Extraction		\$75
Crown		\$150
Emergency Room Benefit		\$340
Family Lodging Benefit		\$100 per night stay
Maximum Lodging Night Stays: 30 nights per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$2,000	\$4,000
Skull – Simple	\$750	\$1,500
Hip or Thigh	\$1,000	\$2,000
Vertebrae, Pelvis, Leg	\$800	\$1,600
Bones of Face or Nose	\$325	\$650
Upper Jaw, Maxilla	\$325	\$650
Upper Arm	\$325	\$650
Lower Jaw, Mandible	\$250	\$500
Kneecap, Ankle, Foot (excluding toes)	\$250	\$500
Shoulder Blade, Collarbone	\$250	\$500
Vertebral Processes	\$250	\$500
Forearm, Hand, Wrist (except fingers)	\$250	\$500
Rib	\$200	\$400
Coccyx	\$175	\$350
Finger, Toe	\$50	\$100
Gunshot Wound Benefit		\$750
Hospital Admission Benefit		\$1,500
Hospital Confinement Benefit		\$300 per day
Maximum Number of Days: 365 days per Covered Accident		
Hospital Intensive Care Unit (ICU) Benefit		\$750 per day
Maximum Number of Days: 15 days per Covered Accident		
Lacerations Benefit		
Over 6 inches with stitches		\$400
2 – 6 inches with stitches		\$200
Less than 2 inches with stitches		\$50
Any length without stitches		\$35
Medical Appliances Benefit		\$125

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$35 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$35 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$75 per visit
Prosthesis Benefit	\$750 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$500
Ruptured/Herniated Disc	\$500
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$750
One	\$500
Exploratory Surgery	\$150
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$1,500
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$400
Other Open Surgery not already covered with repair	\$400
Laparoscopic Surgery	\$300
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$200
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years.	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$900 per month]
Maximum Number of Months: [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

SCHEDULE OF BENEFITS

Primary Insured: [John Doe]	Issue Age: [35]
Type of Coverage: [Family]	Policy Number: [123456]
Policy Effective Date: [January 1, 2008]	Policy Anniversary Date: [January 1 of each year]
Initial Premium: [\$121.68]	Mode of Payment: [Monthly]
Coverage Plan: [Plan C]	Benefit Coverage Type: [24-Hour Coverage]

Covered Benefits

Unless otherwise specified, the following benefits will be payable once for each Covered Accident as applicable. Refer to Part 4, Benefits, of this Policy for additional benefit details.

	<u>Amount of Benefit</u>	
Accidental Death Benefit	\$100,000	
Accidental Death Common Carrier Benefit	\$400,000	
Accidental Dismemberment Benefit		
Loss of both arms, both legs, or sight of both eyes	\$75,000	
Loss of one arm, one leg, or sight of one eye	\$10,000	
Loss of one or more fingers or one or more toes	\$2,000	
Air Ambulance Benefit	\$1,000 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Ambulance Benefit (Ground)	\$200 per trip	
Maximum Number of Trips: 1 trip per Covered Accident		
Blood/Plasma Benefit	\$300	
Burn Benefit		
3 rd Degree of 30 square inches or more	\$10,000	
3 rd Degree of less than 30 square inches	\$2,000	
2 nd Degree	\$1,000	
If more than one burn classification is sustained in one Covered Accident, the higher Burn Benefit will be paid.		
Child Care Benefit	\$600 per month	
Benefit will be payable for each Covered Dependent until age 13.		
Diagnostic Exam Benefit	\$250 per exam	
Maximum Number of Exams: 2 exams per Covered Accident		
Dislocations Benefit	Closed Reduction	Open Reduction
Hip	\$2,500	\$5,000
Knee	\$1,250	\$2,500
Ankle	\$1,000	\$2,000
Collarbone (stern)	\$600	\$1,200
Lower Jaw	\$350	\$700
Shoulder	\$350	\$700

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>	
Dislocations Benefit (continued)	Closed Reduction	Open Reduction
Elbow or Wrist	\$350	\$700
Bones or Bones of Hand	\$350	\$700
Collarbone (acrom)	\$125	\$250
Finger, Toe	\$125	\$250
Emergency Dental Benefit		
Extraction		\$100
Crown		\$200
Emergency Room Benefit		\$560
Family Lodging Benefit		\$100 per night stay
Maximum Lodging Night Stays: 30 night stays per Covered Accident		
Fracture Benefit	Closed Reduction	Open Reduction
Skull – Depressed	\$2,500	\$5,000
Skull – Simple	\$1,000	\$2,000
Hip or Thigh	\$1,500	\$3,000
Vertebrae, Pelvis, Leg	\$1,000	\$2,000
Bones of Face or Nose	\$400	\$800
Upper Jaw, Maxilla	\$400	\$800
Upper Arm	\$400	\$800
Lower Jaw, Mandible	\$325	\$650
Kneecap, Ankle, Foot (excluding toes)	\$325	\$650
Shoulder Blade, Collarbone	\$325	\$650
Vertebral Processes	\$325	\$650
Forearm, Hand, Wrist (except fingers)	\$325	\$650
Rib	\$250	\$500
Coccyx	\$225	\$450
Finger, Toe	\$75	\$150
Gunshot Wound Benefit		\$1,000
Hospital Admission Benefit		\$2,000
Hospital Confinement Benefit		\$400 per day
Maximum Number of Days: 365 days per Covered Accident.		
Hospital Intensive Care Unit (ICU) Benefit		\$1,000 per day
Maximum Number of Days: 15 days per Covered Accident.		
Lacerations Benefit		
Over 6 inches with stitches		\$500
2 – 6 inches with stitches		\$250
Less than 2 inches with stitches		\$75
Any length without stitches		\$50
Medical Appliances Benefit		\$150

SCHEDULE OF BENEFITS

Covered Benefits (continued)

	<u>Amount of Benefit</u>
Paralysis Benefit	
Paraplegia	\$5,000
Quadriplegia	\$10,000
Physical Therapy Benefit	\$50 per visit
Maximum Number of Visits: 6 visits per Covered Accident	
Physician Follow-Up Treatment Benefit	\$50 per visit
Maximum Number of Visits: 2 visits per Covered Accident	
Physician's Office Visit Benefit	\$100 per visit
Prosthesis Benefit	\$1,000 per device
Limit of one prosthetic device per Covered Accident	
Skin Grafts Benefit	50% of Burn Benefit
Surgery Benefit	
Knee Cartilage	\$600
Ruptured/Herniated Disc	\$750
Tendons/Ligaments/Rotator Cuffs	
Two or more	\$1,000
One	\$700
Exploratory Surgery	\$200
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery to repair injury	\$2,000
Open Abdominal Thoracic, Cranial, or Hernia	
Surgery without repair	\$600
Other Open Surgery not already covered with repair	\$600
Laparoscopic Surgery	\$500
Exploratory surgery, arthroscopic surgery, or	
surgery without repair	\$300
Transportation Benefit	\$300 per round trip
Maximum Number of Trips: 3 round trips per Covered Accident	
Tuition Benefit	\$2,500 per year
Benefit is payable up to 4 years.	
Wellness Benefit	
Benefit payable first Policy Year	\$25 per visit
Benefit payable for renewal Policy Years	\$50 per visit
Maximum Visits: 1 visit per Policy Year for one Covered Person only	
[OPTIONAL RIDERS]	
[Monthly Income Rider]	[\$1,200 per month]
Maximum Number of Months: [6][12] months]	
[Return of Premium Benefit Rider]	N/A]]

Professional Insurance Company

Home Office: [Frisco, TX 75034]

Administrative Office: [175 Addison Road, P.O. Box 725, Windsor, CT 06095]

APPLICATION FOR ACCIDENT INSURANCE POLICY**This is a Limited Benefit Policy**

Please print all answers.

1. Owner (Applicant) – Owner is the Primary Insured: (a) Owner Name (First/MI/Last):			
(b) Date of Birth (Mo./Day/Yr):	(c) Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		(d) Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
(e) Home Address (Street, City, State, Zip Code):	(f) Home Phone Number:	(g) E-mail Address: (optional)	(h) Social Security Number:
(i) Occupation:	(j) <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time (Number of hours per week _____)		
(k) Employer:	(l) Employer Address:		
(m) Coverage Type: <input type="checkbox"/> Employee Only <input type="checkbox"/> Employee and Spouse <input type="checkbox"/> Employee and Child(ren) <input type="checkbox"/> Family (includes employee, spouse and child(ren))			

2. Dependents (Indicate the names of all dependents to be insured under the policy.)					
Name (First/Last)	Date of Birth	Sex	Name (First/Last)	Date of Birth	Sex
Spouse:			Child:		
Child:			Child:		
Child:			Child:		

3. Benefit Selection	Accident Benefit Plan: <input type="checkbox"/> Plan A <input type="checkbox"/> Plan B <input type="checkbox"/> Plan C <input type="checkbox"/> 24-Hour Coverage <input type="checkbox"/> Off Job Accident Coverage Only	Optional Riders: <input type="checkbox"/> Return of Premium Benefit Rider <input type="checkbox"/> Monthly Income Benefit Rider: <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months
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4. Premium	Accident Policy: \$	Monthly Income Benefit Rider: \$	Return of Premium Benefit Rider: \$
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5. Premium Payment		
Premium Payment Mode <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Other _____	Billing Method (Select one): <input type="checkbox"/> Payroll Deduction <input type="checkbox"/> ACH/EFT (Checking Account -enclose voided check)	Name of Financial Institution: Account Number:

6. Beneficiary				
Name (First, MI, Last)	Date of Birth	Relationship	Percentage	Beneficiary Type
				Primary
				Contingent

7. Representations - Owner Agreement

I agree that: (1) the statements and answers given in this application are true, complete, and correctly recorded to the best of my knowledge and belief; (2) this application will be part of the policy for which I apply; (3) I understand that this policy will be renewed on each policy anniversary date for a new 12-month period, unless I give written notification to Professional Insurance Company to terminate the policy 60 days prior to the policy renewal date, and (4) I will notify Professional Insurance Company if any statements or answers given in this application change prior to policy delivery. I have received the Outline of Coverage.

I hereby authorize Professional Insurance Company to withdraw premium payments from the financial institution and account named above under Section 5 of this application. I understand that this authorization will remain in effect until the financial institution has received and has had reasonable time to act on a written request from me to terminate this agreement. I understand that I can stop a withdrawal by notifying the financial institution at least three business days before the withdrawal is made. In the event of a withdrawal error, I must promptly notify the financial institution to preserve any rights I may have. I understand that I may direct my billing inquiries to Professional Insurance Company.

No licensed insurance agent is authorized to: (a) make or modify contracts; (b) waive any Insurer rights or requirements; and (c) waive any information the Insurer requests. Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.

The policy provides accident benefits only. Review your policy carefully.

Signature of Owner (Primary Insured)_____
Date signed_____
State in which Policy will be Delivered_____
State in which Owner Signed Application_____
Printed Name of Licensed Insurance Agent_____
Signature of Licensed Insurance Agent_____
Agent License Number

Professional Insurance Company
Home Office: [Frisco, TX 75034]
Administrative Office: [175 Addison Road]
[P.O. Box 725]
[Windsor, CT 06095]

RETURN OF PREMIUM BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is issued in consideration of the application and the payment of the required Premium for this Rider. This Rider is subject to all of the terms, conditions, exclusions and limitations of the Policy, except as otherwise stated in this Rider.

Premium and Effective Date of Rider

The effective date of this Rider is the same as the Policy Effective Date shown in the Schedule of Benefits if You applied for both the Policy and this Rider on the same application. If this Rider is added to the Policy after the Policy Effective Date, the Premium and effective date for this Rider will be shown in an endorsement to the Policy. This Rider will not become effective unless the Policy is in force.

Benefit

If the Policy remains in force for a period of 20 consecutive Policy Years from the Policy Effective Date, the total amount of premiums paid under the Policy will be paid to You, less any benefits paid under the Policy. The Return of Premium benefit will not include premiums paid for any riders attached to the Policy.

The Return of Premium benefit will be paid only if You are living at the time of benefit payment. No Return of Premium benefit will be payable if this Rider is terminated prior to the end of the 20th year period.

Reinstatement

This Rider cannot be reinstated.

Termination

This Rider will automatically terminate on the earliest of the following:

1. The date of Your death;
2. The date the Policy terminates for any reason, including nonpayment of Premium when due;
3. At the end of the Policy Grace Period if the premium for this Rider is not received by the end of the Grace Period;
4. The Premium due date following the date We receive Your written request to terminate this Rider; or
5. The date on which the 20th Policy Year ends.

After termination of this Rider, no benefit will be payable under this Rider.

Signed for the Professional Insurance Company.



President



Secretary

Professional Insurance Company

Home Office: [Frisco, TX 75034]

Administrative Office: [175 Addison Road]

[P.O. Box 725]

[Windsor, CT 06095]

MONTHLY INCOME BENEFIT RIDER

This Rider is made a part of the Policy to which it is attached. It is issued in consideration of the application and the payment of the required Premium for this Rider. This Rider is subject to all of the terms, conditions, exclusions and limitations of the Policy, except as otherwise stated in this Rider.

Premium and Effective Date of Rider

The effective date of this Rider is the same as the Policy Effective Date shown in the Schedule of Benefits if You applied for both the Policy and this Rider on the same application. If this Rider is added to the Policy after the Policy Effective Date, the Premium and effective date for this Rider will be shown in an endorsement to the Policy. This Rider will not become effective unless the Policy is in force.

Benefit

If the Primary Insured is unable to work in his or her regular employment due to an Injury from a Covered Accident, We will pay the Monthly Income Benefit shown in the Schedule of Benefits to the Primary Insured. Benefits will begin after an elimination period of 7 days. During the 7-day elimination period and while this benefit is being paid, the Primary Insured must remain Injured to the extent that he or she is unable to work in his or her regular employment. A Physician must certify in writing that Primary Insured's Injury prevents him or her from working in his or her regular employment. We may request proof of such Injury each month the Primary Insured receives benefits under this Rider.

Reinstatement

This Rider cannot be reinstated.

Termination

This Rider will automatically terminate on the earliest of the following:

1. The date of Your employment retirement;
2. The date You attain age 70;
3. The date of Your death;
4. The date the Policy terminates for any reason, including nonpayment of Premium when due;
5. At the end of the Policy Grace Period if the premium for this Rider is not received by the end of the Grace Period; and
6. The Premium due date following the date We receive Your written request to terminate this Rider.

After termination of this Rider, no benefit will be payable under this Rider.

Signed for the Professional Insurance Company.



President



Secretary

PROFESSIONAL INSURANCE COMPANY

ACCIDENT ONLY COVERAGE OUTLINE OF COVERAGE

For Policy Form HPACC AR 2008

THE POLICY IS AN ACCIDENT INSURANCE ONLY POLICY, AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

- (1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) **Accident Only Coverage:** Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.
- (3) **Benefits:**

The following benefits are covered under the Policy. The benefit amount payable for each covered benefit will be shown in the Policy Schedule of Benefits.

Accidental Death Benefit

This Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

This Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered Person.

If the Accidental Death Benefit or Accidental Death Common Carrier Benefit is payable due to Your death, benefits are payable to the beneficiary named in the application or later changed by You. If a Covered Person other than You dies, benefits are payable to You.

Accidental Dismemberment Benefit: Loss of Finger, Toe, Hand, Foot, or Sight Benefit

This benefit is payable for a Covered Person for the loss of finger, toe, hand, foot, or sight due to Injuries received in a Covered Accident and occurs within 90 days after the date of the Covered Accident. If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Air Ambulance Benefit

This Air Ambulance Benefit is payable for a licensed professional air ambulance company to transport a Covered Person to or from a Hospital, or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes an air ambulance trip. The air ambulance must provide the transportation services to the Covered Person within 48 hours after the date of the Covered Accident.

Ambulance Benefit (Ground)

This Ambulance Benefit is payable for a licensed professional ambulance company to transport a Covered Person by ground, to or from a Hospital or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes a ground ambulance trip. The ambulance must provide transportation services to the Covered Person within 72 hours after the date of the Covered Accident.

Blood/Plasma Benefit

This Blood/Plasma Benefit is payable for each Covered Person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma as a result of Injuries received in a Covered Accident. Blood/plasma must be administered within 90 days after the date of the Covered Accident.

Burn Benefit

This Burn Benefit is payable for each Covered Person who sustains second and third degree burns as the result of Injuries received in a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the date of the Covered Accident. The benefit payable is shown in the Schedule of Benefits. If the Covered Person meets more than one of the burn classifications, We will pay only the greater benefit amount as shown in the Schedule of Benefits.

Child Care Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the monthly Child Care Benefit shown in the Schedule of Benefits for each Covered Dependent Child if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force;
- Under age 13; and
- Receiving ongoing monthly Child Care.

Benefits will be paid until the Covered Dependent attains age 13. Written verification that the Covered Dependent Child is receiving ongoing monthly Child Care must be provided to Us in a form satisfactory to Us.

Diagnostic Exam

This Diagnostic Exam Benefit is payable for each Covered Person who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. Diagnostic exams include x-rays, Magnetic Resonance Imagings (MRIs), and Computed Tomographies (CT Scan).

Dislocation Benefit

This Dislocation Benefit is payable for each Covered Person who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction.

If the Dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved. If a Physician diagnoses the Dislocation as an Incomplete Dislocation, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident that is incurred after the Policy Effective Date. Subsequent Dislocations of the same joint are not payable under the Policy.

If a Covered Person sustains more than one Dislocation in one Covered Accident which requires open or closed reduction, We will pay for all Dislocations up to two times the amount for the joint Dislocation that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount as shown in the Schedule of Benefits.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the larger of Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit as shown in the Schedule of Benefits.

Emergency Dental Benefit

This Emergency Dental Benefit is payable for each Covered Person who requires dental work as the result of Injuries received in a Covered Accident. This benefit is payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

Emergency Room Treatment Benefit

This Emergency Room Treatment Benefit is payable for each Covered Person who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident. Follow-Up Treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Family Lodging Benefit

This Lodging Benefit is payable for one companion to accompany a Covered Person who is Confined in a Hospital as of the result of Injuries received in a Covered Accident. The Hospital must be more than 100 miles from the residence of the Covered Person, and the place of lodging must be a motel or hotel room. Subject to the Maximum Lodging Night Stays shown in the Schedule of Benefits, benefits will be paid as long as:

- The companion accompanies the Covered Person; and
- The Covered Person remains Confined.

Fracture Benefit

This Fracture Benefit is payable for each Covered Person who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must be diagnosed by a Physician within 90 days after the date of the Covered Accident. The Fracture must require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

If a Covered Person sustains more than one Fracture in a Covered Accident and requires open or closed reduction, We will pay for all Fractures. However, We will pay no more than two times the amount shown in the Schedule of Benefits for the bone involved which has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both up to two times the amount for the bone or joint involved which has the greater benefit amount as shown in the Schedule of Benefits.

Gunshot Wound

This Gunshot Benefit is payable for each Covered Person who sustains a gunshot wound incurred as a result of a Covered Accident. The gunshot wound must be treated by a Physician within 72 hours after the date of the Covered Accident.

Hospital Admission Benefit

This Hospital Admission Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined in a Hospital within 30 days after the date of the Covered Accident.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- A stay of less than 20 hours in an Observation Unit.

Hospital Confinement Benefit

This Hospital Confinement Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If a Covered Person is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat the Confinement as a new Confinement.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay this Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently.

Hospital Intensive Care Unit Confinement Benefit

This Hospital Intensive Care Unit Confinement Benefit is payable for each Covered Person Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, We will treat the Confinement as a new Confinement.

If a Covered Person is Confined to a Hospital Intensive Care Unit that does not meet the definition for such confinement in the Policy, We will pay the Hospital Confinement Benefit. We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently. If a Covered Person is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed 365 days for the Hospital Confinement Benefit and 15 days for the Hospital Intensive Care Unit Confinement Benefit.

Laceration Benefit

This Laceration Benefit is payable for each Covered Person who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, the benefit payable will be the benefit for Lacerations repaired without stitches.

If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Covered Accident, We will subtract the amount We paid under this Laceration Benefit from the Accidental Dismemberment Benefit.

Medical Appliance Benefit

This Medical Appliance Benefit is payable for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a Physician for a Covered Person as a result of Injuries received in a Covered Accident. Wheelchairs, crutches, walkers, back braces, or leg braces are examples of medical appliances. The use of a medical appliance must begin within 90 days after the date of the Covered Accident.

Paralysis Benefit

This Paralysis Benefit is payable for each Covered Person who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence of the Injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent.

Physical Therapy Benefit

This Physical Therapy Benefit is payable for each Covered Person who requires physical therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 60 days after:

- The date of the Covered Accident; or
- The date on which the Physician prescribes physical therapy following surgery or other medical treatment required and provided for treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis.

Physician Follow-Up Treatment Benefit

This Physician Follow-Up Benefit is payable for each Covered Person who receives follow-up treatment for Injuries incurred from a Covered Accident when such follow-up treatment is recommended or advised by a Physician. The follow-up treatment must:

- Be within 90 days after the date of the Covered Accident;
- Be due to Injuries received as the result of a Covered Accident;

- Occur after initial treatment in a Physician's office or Emergency Room; and
- Not be for routine examinations or preventive testing.

This benefit includes follow-up treatment provided by a licensed or certified chiropractor.

Physician's Office Visit Benefit

This Physician's Office Visit Benefit is payable for each Covered Person who receives initial treatment and/or advice by a Physician in a Physician's office as the result of Injuries received in a Covered Accident. The treatment must be given within 72 hours after the date of the Covered Accident and the services provided must not be for routine examinations or preventive testing. This benefit will not be payable if the Covered Person received emergency room treatment within the same 72 hour period.

Follow-up treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Prosthesis Benefit

This Prosthesis Benefit is payable for a Covered Person who loses a hand, foot or Loss of Sight of an eye as a result of Injuries received in a Covered Accident and requires a prosthetic device or artificial limb which is prescribed by a Physician for functional use. The prosthetic device/artificial limb must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for: (1) hearing aids; (2) dental aids including false teeth; (3) eyeglasses; or (4) cosmetic prostheses. This benefit is not payable for joint replacement such as an artificial hip or knee.

Skin Grafts Benefit

This Skin Graft Benefit is payable for each Covered Person who receives a skin graft for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Covered Person per Covered Accident.

Surgery Benefit

This Surgery Benefit is payable for each Covered Person who undergoes a surgical procedure listed in the Schedule of Benefits within 72 hours of the Covered Accident for repair of internal Injuries received as the result of a Covered Accident. Coverage may be provided in a Hospital on inpatient or outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for exploratory or other specified surgery without repair as shown in the Schedule of Benefits.

Torn Knee Cartilage Benefit

This Torn Knee Cartilage Benefit is payable for each Covered Person who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. The torn knee cartilage (meniscus) must be first treated by a Physician within 60 days and must be repaired through surgery by a Physician

within six months after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Schedule of Benefits.

Ruptured/Herniated Disc Benefit

This Ruptured/Herniated Disc Benefit is payable for each Covered Person who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. The ruptured or herniated disc must be treated by a Physician within 60 days and must be repaired through surgery by a Physician within 365 days after the date of the Covered Accident.

Tendon/Ligament /Rotator Cuff Benefit

This Tendon/Ligament/Rotator Cuff Benefit is payable for each Covered Person who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed, and must be repaired through surgery by a Physician within 90 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Schedule of Benefits.

If any Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation Benefit

This Transportation Benefit is payable for each Covered Person who is required to travel more than 100 miles to receive special treatment or be Confined in a Hospital if:

- Prescribed by a Physician for treatment of Injuries resulting from a Covered Accident; and
- Such treatment or confinement is not available locally.

This benefit is not payable for transportation by ground ambulance or air ambulance.

Tuition Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the annual Tuition Benefit shown in the Schedule of Benefits for each Covered Dependent Child for up to four years, if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force; and
- At least age 14 at the time the Primary Insured's death; and
- Under the limiting age for a Dependent Child as provided in the Policy; and
- Enrolled in an educational institution that requires tuition to be paid.

Written verification that the Covered Dependent Child is attending an educational institution that requires tuition to be paid must be provided to Us in a form satisfactory to Us. We may require this verification each year this Tuition Benefit is payable.

Wellness Benefit

This Wellness Benefit is payable for only one Covered Person insured under the Policy per Policy Year. Benefits will be payable for one of the following:

- Low Dose Mammography;
- Pap Smear for women over age 18;
- Flu Shots;
- Colonoscopy;
- Prostate Specific Antigen (for prostate cancer); or
- Child Sports Physicals.

(4) Exclusions, Limitations, and Reductions.

No benefits will be payable under the Policy for an Injury that is the result of a Covered Accident that occurs:

- During war or an act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- While riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include: (a) flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline; or (b) flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- During the commission of or attempting to commit a felony, or while being engaged in an illegal occupation;
- While committing or attempting to commit suicide or injuring oneself intentionally; or
- Due to alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed Physician.

No benefits will be payable for:

- Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
 - An unintentional accident caused by or during medical treatment or surgery for Sickness or Injury;
 - Treatment for a Coma;
 - An Injury or death that is caused by accident that is not a Covered Accident;
- or

- An Injury that results from a Covered Accident that is an On Job Accident, if the Policy provides coverage only for Off Job Accidents as shown in the Schedule of Benefits.

(5) Renewability.

The Policy is Guaranteed Renewable for life. You may renew this coverage by paying each premium on the premium due date, subject to the Grace Period and Termination provisions. Your premium can be changed only if We change it on all similar policies in force in Your state.

(6) Premium.

All premium, charges or fees (hereinafter referred to as "Premium") must be paid to Us. The Premiums will be shown in the Policy Schedule of Benefits. If you do not pay the Premiums, the Policy will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Policy Effective Date shown in the Policy Schedule of Benefits; and (2) The Premium Mode, which is how often You pay the Premiums, will be shown in the Schedule of Benefits.

Premiums are based on the following: (1) type of coverage; and (2) benefit plan.

PLEASE REFER TO YOUR POLICY FOR COMPLETE DETAILS OF THE COVERAGE PROVIDED UNDER THE POLICY.

Professional Insurance Company
Home Office: [Frisco, TX 75034]
Administrative Office: [175 Addison Road]
[P.O. Box 725]
[Windsor, CT 06095]
Telephone Number: [1-800-289-1122]

Policy Amendment

Effective Date: [January 1, 2009]

Accident Insurance Policy, Policy Number [12345], is hereby amended as follows:[

1. Schedule of Benefits, form HPACC-A, is hereby deleted and replaced by Schedule of Benefits, form HPACC-B.
2. Rider form HRMIR 2008 is hereby added.
3. Rider form HRROP 2008 is hereby deleted.]


Except as amended above, the Policy remains unchanged. This Amendment is to be retained with the Policy.

Accepted by Policy Owner:

[Signature Not Required] _____
Signature

Date

Signed for Professional Insurance Company.


President


Secretary

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: MLLM-125705345 State: Arkansas
Filing Company: Professional Insurance Company State Tracking Number: 39710
Company Tracking Number: PIC-0130SUN01-01
TOI: H021 Individual Health - Accident Only Sub-TOI: H021.000 Health - Accident Only
Product Name: HPACC 2008
Project Name/Number: HPACC 2008/HPACC 2008

Supporting Document Schedules

Review Status:
Satisfied -Name: Certification/Notice Approved-Closed 08/12/2008
Comments:
Attachments:
AR_Certification of Compliance_07-22-08.pdf
AR_Readability Certification_07-22-08.pdf

Review Status:
Bypassed -Name: Application Approved-Closed 08/12/2008
Bypass Reason: The application to be used with this forms filing is new, and therefore, it has been attached to the Form Schedule Tab as required.
Comments:

Review Status:
Satisfied -Name: Health - Actuarial Justification Approved-Closed 08/12/2008
Comments:
Attachment:
SUN01.GenericActMemo.20080714.pdf

Review Status:
Satisfied -Name: Outline of Coverage Approved-Closed 08/12/2008
Comments:
Attachment:
OCACC AR 2008_Outline of Coverage for Accident Insurance_07-22-08_subm.pdf

Review Status:
Satisfied -Name: Statement of Variability Approved-Closed 08/12/2008
Comments:
erfrd

Review Status:
Satisfied -Name: Authorization Letter Approved-Closed 08/12/2008

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Comments:

Attachment:

PIC_Authorization Letter.pdf

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Satisfied -Name:	Filing Description	Review Status:	Approved-Closed	08/12/2008
Comments:				
Attachment:				
AR_Filing Description.pdf				

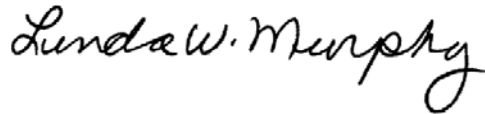
PROFESSIONAL INSURANCE COMPANY

Certification of Compliance

Form Number(s): HPACC AR, 2008, HPACC-A, HPACC-B, HPACC-C, XGR/2591, HRROP 2008, HRMIR 2008, OCACC AR 2008, and HPACC-Amend

I hereby certify that the subject filing meets all applicable Arkansas requirements, including the following requirements:

- Rule and Regulation 19, Unfair Sex Discrimination in the Sale of Insurance;
- Rule and Regulation 49, Life And Health Insurance Guaranty Association Notices;
- ACA 23-80-206, Flesch Certification; and
- ACA 23-79-138, Consumer Information Notice.



Signature:

Linda W. Murphy
Policy Form Filing Officer

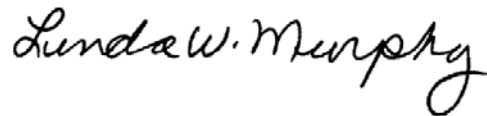
Date: July 22, 2008

PROFESSIONAL INSURANCE COMPANY

READABILITY CERTIFICATION

This is to certify that the attached forms listed below have achieved the minimum Flesch Reading Ease Score required by your state.

<u>TITLE</u>	<u>FORM NUMBER</u>	<u>FLESH SCORE</u>
Accident Insurance Policy	HPACC AR 2008	54.2
Return of Premium Benefit Rider Benefit Rider	HRROP 2008	69.4
Monthly Income Benefit Rider Disability Benefit Rider	HRMIR 2008	63.8
Application of Accident Insurance Policy	XGR/2591	52.0



Signature:

Linda W. Murphy
Policy Form Filing Officer

Date: July 22, 2008

Professional Insurance Company

Actuarial Memorandum

Accident Insurance Policy Form Series HPACC 2008
Monthly Income Benefit Rider Form Series HRMIR 2008
Return of Premium Benefit Rider Form Series HRROP 2008

1. Scope & Purpose

This Actuarial Memorandum describes the benefits provided in the individual Accident Insurance Policy Form Series HPACC 2008, Monthly Income Benefit Rider Form Series HRMIR 2008, and Return of Premium Benefit Rider Form Series HRROP 2008. This memorandum supports the rates being filed. These are new forms. This memorandum is not intended to be used for any other purpose.

2. Benefit Description

This policy pays the benefits for an injury caused by a covered accident. The policy provides three levels of benefits, which are labeled as Plan A, Plan B, or Plan C. Plan A provides the lowest benefit and Plan C the highest. The benefit amounts by plan are shown in Exhibit III.

The 24 Hour option pays benefits if the covered accident occurs at any time. The Off-the-Job option pays benefits if the covered accident occurs while the covered person is off the job.

Listed below is a brief description of the benefits provided. A detailed description of the benefits and limitations are identified in the policy.

Accidental Death Benefit: Pays a benefit if a covered person dies within 90 days of the date of a covered accident as a result of injuries received from that accident.

Accidental Death Common Carrier Benefit: Pays a benefit if a covered person dies within 90 days of the date of a covered accident as a result of injuries received from that covered accident, while a fare paying passenger on a common carrier.

Accidental Dismemberment Benefit: Pays a benefit for a covered person for the loss of finger, toe, hand, foot, or sight due to injuries received in a covered accident.

Air Ambulance Benefit: Pays a benefit for a licensed professional air ambulance company to transport a covered person to or from a hospital, or

between medical facilities or for treatment of injuries received in a covered accident.

Ambulance Benefit (Ground): Pays a benefit for a licensed professional ambulance company to transport a covered person by ground, to or from a hospital or between medical facilities for treatment of injuries received in a covered accident.

Blood/Plasma Benefit: Pays a benefit for each covered person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma as a result of injuries received in a covered accident.

Burn Benefit: Pays a benefit for each covered person who sustains second and third degree burns as the result of injuries received in a covered accident.

Child Care Benefit: If the primary insured dies as a result of a covered accident, the benefit pays the monthly child care benefit for each covered dependent child.

Diagnostic Exam: Pays a benefit for each covered person who requires a diagnostic examination to determine the extent of injuries received in a covered accident.

Dislocation Benefit: Pays a benefit for each covered person who sustains a dislocation as the result of injuries received in a covered accident.

Emergency Dental Benefit: Pays a benefit for each covered person who requires dental work as the result of injuries received in a covered accident.

Emergency Room Treatment Benefit: Pays a benefit for each covered person who requires examination and treatment by a physician in an emergency room as the result of injuries received in a covered accident.

Family Lodging Benefit: Pays a benefit for one companion to accompany a covered person who is confined in a hospital as the result of injuries received in a covered accident.

Fracture Benefit: Pays a benefit for each covered person who sustains fractures as the result of injuries received in a covered accident.

Gunshot Wound: Pays a benefit for each covered person who sustains a gunshot wound incurred as a result of a covered accident.

Hospital Admission Benefit: Pays an admission benefit for each covered person confined to a hospital as a result of injuries received in a covered accident.

Hospital Confinement Benefit: Pays a daily confinement benefit for each covered person confined to a hospital as a result of injuries received in a covered accident.

Hospital Intensive Care Unit Confinement Benefit: Pays a daily confinement benefit for each covered person confined to an intensive care unit of a hospital as a result of injuries received in a covered accident.

Laceration Benefit: Pays a benefit for each covered person who sustains lacerations as the result of injuries received in a covered accident.

Medical Appliance Benefit: Pays a benefit for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a physician for a covered person as a result of injuries received in a covered accident.

Paralysis Benefit: Pays a benefit for each covered person who becomes paralyzed as a result of injuries received in a covered accident.

Physical Therapy Benefit: Pays a benefit for each covered person who requires physical therapy treatment as the result of injuries received in a covered accident.

Physician Follow-Up Treatment Benefit: Pays a benefit for each covered person who receives follow-up treatment for injuries incurred from a covered accident.

Physician's Office Visit Benefit: Pays a benefit for each covered person who receives initial treatment and/or advice by a physician in a physician's office as the result of injuries received in a covered accident.

Prosthesis Benefit: Pays a benefit for a covered person who loses a hand, foot or loss of sight of an eye as a result of injuries received in a covered accident and requires a prosthetic device or artificial limb which is prescribed by a physician for functional use.

Skin Grafts Benefit: Pays a benefit for each covered person who receives a skin graft for a burn for which a benefit was received under the Burn Benefit.

Surgery Benefit: Pays a benefit for each covered person who undergoes a surgical procedure listed in the schedule of benefits within 72 hours of the covered accident for repair of internal injuries received as the result of a covered accident.

Transportation Benefit: Pays a benefit for each covered person who is required to travel more than 100 miles to receive special treatment or be confined in a hospital if prescribed by a physician for treatment of injuries

resulting from a covered accident and such treatment or confinement is not available locally.

Tuition Benefit: If the primary insured dies as a result of a covered accident, the benefit pays the annual tuition for each covered dependent child for up to four years.

Wellness Benefit: Pays a benefit for specified wellness screenings or services for only one covered person insured under this policy per year.

Monthly Income Benefit Rider: Pays a benefit if the primary insured is unable to work in his or her regular employment due to an injury from a covered accident.

Return of Premium Benefit Rider: If the policy remains in force for a period of 20 consecutive policy years from the policy effective date, the total amount of premiums paid under the base policy will be paid to the owner, less any benefits paid under the base policy.

3. Renewability

The base policy is guaranteed renewable for life.

4. Applicability

This filing is for new policies. There are no policies currently in force on these form numbers.

5. Morbidity

The morbidity assumptions were developed using the following sources:

- Accidental Death and Dismemberment: National Safety Counsel "Injury Facts" 2008, National Health Survey "Series 10, No. 134", and other sources
- Accident Benefits: National Health Survey "Series 10, No. 202", Milliman's 2007 *Health Cost GuidelinesTM*, CDC's Vital Health Statistics, American Academy of Orthopaedic Surgeons Fast Facts, National Burn Repository, Annual Report for the Model Spinal Cord Injury Care Systems, and other sources
- Monthly Income Benefit Rider: 1985 CIDA Table

6. Mortality

Mortality used is 100% of the 1975-1980 Ultimate Table, blended for males and females.

7. Persistency

The assumed lapses rates for the base policy are:

Duration	Issue Ages				
	<25	25-29	30-34	35-39	40-44
1	36.0%	36.0%	34.0%	34.0%	32.0%
2	26.0%	26.0%	24.0%	24.0%	22.0%
3	22.0%	22.0%	20.0%	20.0%	18.0%
4	18.0%	18.0%	16.0%	16.0%	14.0%
5	16.0%	16.0%	14.0%	14.0%	14.0%
6-10	12.0%	12.0%	12.0%	12.0%	12.0%
11-15	10.0%	10.0%	10.0%	10.0%	10.0%
16-20	8.0%	8.0%	8.0%	8.0%	8.0%
21-30	7.5%	7.5%	7.5%	7.5%	7.5%
31+	7.5%	7.5%	7.5%	7.5%	7.5%

Duration	Issue Ages				
	45-49	50-54	55-59	60-64	65+
1	32.0%	30.0%	30.0%	28.0%	28.0%
2	22.0%	20.0%	20.0%	18.0%	18.0%
3	18.0%	16.0%	16.0%	14.0%	14.0%
4	14.0%	14.0%	14.0%	14.0%	14.0%
5	14.0%	14.0%	14.0%	14.0%	14.0%
6-10	12.0%	12.0%	12.0%	12.0%	12.0%
11-15	10.0%	10.0%	10.0%	10.0%	10.0%
16-20	8.0%	8.0%	8.0%	8.0%	8.0%
21-30	7.5%	7.5%	7.5%	7.5%	7.5%
31+	7.5%	7.5%	7.5%	7.5%	7.5%

8. Marketing Method

This product will be sold by independent agents and brokers, primarily to employees at an employer's worksite.

9. Underwriting

This is an accident policy; no health underwriting will be done.

10. Premium Classes

Premiums will vary by family composition and plan. The family composition classes are "Employee", "Employee + Spouse", "Employee + Children", and "Family" for the base policy and the Return of Premium Benefit Rider. The Monthly Income Benefit Rider does not vary by family composition, but does vary by plan. The premium schedule has been attached in Exhibit I.

11. Issue Age Range

Benefits will be offered to all eligible active employees of an employer that are between the ages of 16 and 69. Premium rates do not vary by age or gender.

12. Area Factors

There are no area factors for these forms. The rates will be the same throughout the state.

13. Average Annual Premium

The average annual premium for the policy is \$347.67.

14. Premium Modalization Rules

The modal premium factors to be applied to monthly premium rates are:

Mode	Factor
Monthly	1.0
Quarterly	3.0
Semi-Annual	6.0
Annual	12.0

15. Claim Liability and Reserves

Claim reserves will be set using appropriate actuarial methodology. There are currently no claim reserves held since these are new forms.

16. Active Life Reserves

Active life reserves will be set using appropriate actuarial methodology. There are currently no active life reserves held since these are new forms.

17. Trend Assumptions

No trend has been assumed in this filing.

18. Minimum Loss Ratio

The minimum acceptable loss ratio is 50%.

19. Anticipated Loss Ratio

The anticipated loss ratio is assumed to be not less than the minimum acceptable loss ratio.

20. Contingency and Risk Margins

Contingency and risk margins of approximately 9.7% for the policy were assumed in the rate calculations.

21. Experience - Past and Future

As these are new products, no historical experience is available.

22. Lifetime Loss Ratio

Because these are new forms with no prior experience, the lifetime loss ratio is assumed to be not less than the minimum acceptable loss ratio. An illustrative demonstration of the durational and lifetime loss ratio is contained in Exhibit II.

23. History of Rate Adjustments

As these are new forms, there have been no rate adjustments.

24. Number of Policyholders

As these are new forms, there are no current policyholders.

25. Proposed Effective Date

The rates are to become effective upon approval by your Department of Insurance. No policies will be sold until the forms and rates have been submitted and/or approved as required by your regulations.

26. Statement of Reliance

In preparing this actuarial memorandum, I relied on data provided to me by Professional Insurance Company (PIC). I did not audit this data but did review it for reasonableness. To the extent that this data is incomplete or inaccurate the contents of this memorandum may be materially affected.

27. Actuarial Certification

I, Michael E. Weiland, am a Member of the American Academy of Actuaries and meet its qualification standards for preparing rate filings. Milliman has been retained by PIC to determine rates for this individual accident policy and associated riders. As a consulting actuary with Milliman, I have written this actuarial memorandum to describe the rates intended to be used for the health benefits included in this product. This memorandum has been prepared in conformity with applicable Actuarial Standards of Practice, including ASOP No. 8. This actuarial memorandum has been prepared for the sole purposed of demonstrating that the proposed rate schedule is

reasonable and the memorandum may not be appropriate for other purposes.

In my opinion, the rates included in the actuarial memorandum are developed using reasonable assumptions and in accordance with generally accepted actuarial principles and are neither excessive nor unfair. These rates are appropriate for the class of risks for which they are intended. This filing is in compliance with state law and regulation.

Emerging experience should be carefully monitored relative to the assumptions and appropriate adjustments made to the premiums in a timely manner.

A handwritten signature in black ink, appearing to read "Michael E. Weiland". The signature is fluid and cursive, with the first name "Michael" and last name "Weiland" being the most prominent parts.

Michael E. Weiland, FSA, MAAA
Fellow, Society of Actuaries
Member, American Academy of Actuaries
July 2008

Exhibit I

Professional Insurance Company
 Accident Insurance Policy Form Series HPACC 2008
 Monthly Income Benefit Rider Form Series HRMIR 2008
 Return of Premium Benefit Rider Form Series HRROP 2008
 Monthly Premium Rates

24-Hour Coverage
 Accident Insurance Policy

Premium Tier	Plan A	Plan B	Plan C
EE Only	19.82	28.56	39.21
EE + Spouse	28.54	41.68	57.66
EE + Children	30.05	43.72	60.13
Family	43.19	63.64	88.22

Off-Job Coverage
 Accident Insurance Policy

Premium Tier	Plan A	Plan B	Plan C
EE Only	16.85	24.10	32.95
EE + Spouse	26.35	38.49	53.26
EE + Children	27.83	40.41	55.48
Family	41.00	60.45	83.82

24-Hour Coverage
 Monthly Income Rider
 Accident Only, 7-Day EP

Benefit Period	Plan A	Plan B	Plan C
6-Month	8.18	12.27	16.36
12-Month	9.98	14.97	19.95

Off-Job Coverage
 Monthly Income Rider
 Accident Only, 7-Day EP

Benefit Period	Plan A	Plan B	Plan C
6-Month	6.95	10.43	13.91
12-Month	8.48	12.72	16.96

24-Hour Coverage
 ROP Rider

Premium Tier	Plan A	Plan B	Plan C
EE Only	4.34	6.07	8.19
EE + Spouse	5.82	8.31	11.34
EE + Children	6.26	8.92	12.11
Family	8.57	12.44	17.10

Off-Job Coverage
 ROP Rider

Premium Tier	Plan A	Plan B	Plan C
EE Only	3.69	5.10	6.82
EE + Spouse	5.41	7.72	10.52
EE + Children	5.83	8.28	11.21
Family	8.17	11.85	16.27

Exhibit II

Professional Insurance Company Accident Insurance Policy Form Series HPACC 2008 Loss Ratio Exhibit

Policy Duration	Earned Premium	Incurred Claims	Durational Loss Ratios
1	2,939,019	1,555,111	52.9%
2	2,053,352	1,131,468	55.1%
3	1,598,874	881,093	55.1%
4	1,307,960	720,731	55.1%
5	1,105,389	608,349	55.0%
6	953,434	524,450	55.0%
7	835,812	458,925	54.9%
8	732,460	401,703	54.8%
9	641,657	351,479	54.8%
10	561,891	307,708	54.8%
11	496,601	272,122	54.8%
12	444,382	243,378	54.8%
13	397,457	217,648	54.8%
14	355,298	194,523	54.7%
15	317,427	174,015	54.8%
16	286,140	157,191	54.9%
17	261,011	143,471	55.0%
18	237,922	130,840	55.0%
19	216,715	119,215	55.0%
20	197,241	108,756	55.1%
Lifetime Loss Ratio without Interest:			54.6%
Lifetime Loss Ratio Discounted at 5.12%:			54.5%

Exhibit III

Professional Insurance Company
Accident Insurance Policy Form Series HPACC 2008
Monthly Income Benefit Rider Form Series HRMIR 2008
Return of Premium Benefit Rider Form Series HRROP 2008
Benefit Amounts by Plan

<u>Benefit</u>	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>			
Accidental Death	\$25,000	\$50,000	\$100,000			
Accidental Death Common Carrier	\$100,000	\$200,000	\$400,000			
Accidental Dismemberment						
Loss of both arms, both legs, or sight of both eyes	\$25,000	\$50,000	\$75,000			
Loss of one arm, one leg, or sight of both eyes	\$5,000	\$7,500	\$10,000			
Loss of one or more fingers or one or more toes	\$1,000	\$1,500	\$2,000			
Air Ambulance	\$1,000	\$1,000	\$1,000			
Ambulance (Ground)	\$200	\$200	\$200			
Blood / Plasma	\$100	\$200	\$300			
Burns						
3rd degree of 30 sq in or more	\$5,000	\$7,500	\$10,000			
3rd degree of less than 30 sq in	\$1,000	\$1,500	\$2,000			
2nd degree	\$500	\$750	\$1,000			
Child Care	\$600	\$600	\$600			
Diagnostic Exam	\$150	\$200	\$250			
Dislocations	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction	Closed Reduction	Open Reduction
Hip	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
Knee	\$750	\$1,500	\$1,000	\$2,000	\$1,250	\$2,500
Ankle	\$600	\$1,200	\$800	\$1,600	\$1,000	\$2,000
Collarbone (stern)	\$400	\$800	\$500	\$1,000	\$600	\$1,200
Lower Jaw	\$250	\$500	\$300	\$600	\$350	\$700
Shoulder	\$250	\$500	\$300	\$600	\$350	\$700
Elbow or Wrist	\$250	\$500	\$300	\$600	\$350	\$700
Bones or Bones of Hand	\$250	\$500	\$300	\$600	\$350	\$700
Collarbone (acrom)	\$75	\$150	\$100	\$200	\$125	\$250
Finger, Toe	\$75	\$150	\$100	\$200	\$125	\$250

Exhibit III

Professional Insurance Company
Accident Insurance Policy Form Series HPACC 2008
Monthly Income Benefit Rider Form Series HRMIR 2008
Return of Premium Benefit Rider Form Series HRROP 2008
Benefit Amounts by Plan

<u>Benefit</u>	<u>Plan A</u>		<u>Plan B</u>		<u>Plan C</u>	
Emergency Dental						
Extraction	\$50		\$75		\$100	
Crown	\$100		\$150		\$200	
Emergency Room	\$120		\$340		\$560	
Family Lodging	\$100		\$100		\$100	
Fractures	Closed	Open	Closed	Open	Closed	Open
	Reduction	Reduction	Reduction	Reduction	Reduction	Reduction
Skull - Depressed	\$1,500	\$3,000	\$2,000	\$4,000	\$2,500	\$5,000
Skull - Simple	\$500	\$1,000	\$750	\$1,500	\$1,000	\$2,000
Hip or Thigh	\$750	\$1,500	\$1,000	\$2,000	\$1,500	\$3,000
Vertebrae, Pelvis, Leg	\$600	\$1,200	\$800	\$1,600	\$1,000	\$2,000
Bones of Face or Nose	\$250	\$500	\$325	\$650	\$400	\$800
Upper Jaw, Maxilla	\$250	\$500	\$325	\$650	\$400	\$800
Upper Arm	\$250	\$500	\$325	\$650	\$400	\$800
Lower Jaw, Mandible	\$200	\$400	\$250	\$500	\$325	\$650
Kneecap, Ankle, Foot (except toes)	\$200	\$400	\$250	\$500	\$325	\$650
Shoulder Blade, Collarbone	\$200	\$400	\$250	\$500	\$325	\$650
Vertebral Processes	\$200	\$400	\$250	\$500	\$325	\$650
Forearm, Hand, Wrist (except fingers)	\$200	\$400	\$250	\$500	\$325	\$650
Rib	\$150	\$300	\$200	\$400	\$250	\$500
Coccyx	\$125	\$250	\$175	\$350	\$225	\$450
Finger, Toe	\$50	\$100	\$50	\$100	\$75	\$150
Gunshot Wound	\$500		\$750		\$1,000	
Hospital Admission	\$1,000		\$1,500		\$2,000	
Hospital Confinement	\$200		\$300		\$400	
Hospital ICU	\$500		\$750		\$1,000	
Lacerations						
Over 6" with Stitches	\$300		\$400		\$500	
2" - 6" with Stitches	\$150		\$200		\$250	
Less than 2" with Stitches	\$25		\$50		\$75	
Any length without Stitches	\$25		\$35		\$50	
Medical Appliances	\$100		\$125		\$150	

Exhibit III

Professional Insurance Company
Accident Insurance Policy Form Series HPACC 2008
Monthly Income Benefit Rider Form Series HRMIR 2008
Return of Premium Benefit Rider Form Series HRROP 2008
Benefit Amounts by Plan

<u>Benefit</u>	<u>Plan A</u>	<u>Plan B</u>	<u>Plan C</u>
Paralysis			
Paraplegia	\$5,000	\$5,000	\$5,000
Quadriplegia	\$10,000	\$10,000	\$10,000
Physical Therapy	\$25	\$35	\$50
Physician Follow-Up	\$25	\$35	\$50
Physician's Office Visit	\$50	\$75	\$100
Prosthesis	\$500	\$750	\$1,000
Skin Grafts	50% of Burn Benefit	50% of Burn Benefit	50% of Burn Benefit
Surgical			
Knee Cartilage	\$400	\$500	\$600
Ruptured/Herniated Disc	\$300	\$500	\$750
Tendons/Ligaments/Rotator Cuffs			
Two or more	\$500	\$750	\$1,000
One	\$300	\$500	\$700
Exploratory Surgery	\$100	\$150	\$200
Open Abdominal Thoracic, Cranial, or Hernia			
Surgery to Repair	\$1,000	\$1,500	\$2,000
Surgery without Repair	\$200	\$400	\$600
Other Open Surgery not Already Covered with Repair	\$200	\$400	\$600
Laparoscopic Surgery	\$150	\$300	\$500
Exploratory Surgery, Arthroscopic Surgery, or Surgery without Repair	\$100	\$200	\$300
Transportation	\$300	\$300	\$300
Tuition	\$2,500	\$2,500	\$2,500
Wellness			
Benefit Payable for 1st Policy Year	\$25	\$25	\$25
Benefit Payable for Renewal Policy Years	\$50	\$50	\$50
Monthly Income Rider	\$600	\$900	\$1,200
Return of Premium Rider	N/A	N/A	N/A

PROFESSIONAL INSURANCE COMPANY

ACCIDENT ONLY COVERAGE OUTLINE OF COVERAGE

For Policy Form HPACC AR 2008

**THE POLICY IS AN ACCIDENT INSURANCE ONLY POLICY, AND IT DOES NOT
PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.**

- (1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) **Accident Only Coverage:** Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.
- (3) **Benefits:**

The following benefits are covered under the Policy. The benefit amount payable for each covered benefit will be shown in the Policy Schedule of Benefits.

Accidental Death Benefit

This Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

This Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered Person.

If the Accidental Death Benefit or Accidental Death Common Carrier Benefit is payable due to Your death, benefits are payable to the beneficiary named in the application or later changed by You. If a Covered Person other than You dies, benefits are payable to You.

Accidental Dismemberment Benefit: Loss of Finger, Toe, Hand, Foot, or Sight Benefit

This benefit is payable for a Covered Person for the loss of finger, toe, hand, foot, or sight due to Injuries received in a Covered Accident and occurs within 90 days after the date of the Covered Accident. If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Air Ambulance Benefit

This Air Ambulance Benefit is payable for a licensed professional air ambulance company to transport a Covered Person to or from a Hospital, or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes an air ambulance trip. The air ambulance must provide the transportation services to the Covered Person within 48 hours after the date of the Covered Accident.

Ambulance Benefit (Ground)

This Ambulance Benefit is payable for a licensed professional ambulance company to transport a Covered Person by ground, to or from a Hospital or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes a ground ambulance trip. The ambulance must provide transportation services to the Covered Person within 72 hours after the date of the Covered Accident.

Blood/Plasma Benefit

This Blood/Plasma Benefit is payable for each Covered Person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma as a result of Injuries received in a Covered Accident. Blood/plasma must be administered within 90 days after the date of the Covered Accident.

Burn Benefit

This Burn Benefit is payable for each Covered Person who sustains second and third degree burns as the result of Injuries received in a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the date of the Covered Accident. The benefit payable is shown in the Schedule of Benefits. If the Covered Person meets more than one of the burn classifications, We will pay only the greater benefit amount as shown in the Schedule of Benefits.

Child Care Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the monthly Child Care Benefit shown in the Schedule of Benefits for each Covered Dependent Child if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force;
- Under age 13; and
- Receiving ongoing monthly Child Care.

Benefits will be paid until the Covered Dependent attains age 13. Written verification that the Covered Dependent Child is receiving ongoing monthly Child Care must be provided to Us in a form satisfactory to Us.

Diagnostic Exam

This Diagnostic Exam Benefit is payable for each Covered Person who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. Diagnostic exams include x-rays, Magnetic Resonance Imagings (MRIs), and Computed Tomographies (CT Scan).

Dislocation Benefit

This Dislocation Benefit is payable for each Covered Person who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction.

If the Dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved. If a Physician diagnoses the Dislocation as an Incomplete Dislocation, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident that is incurred after the Policy Effective Date. Subsequent Dislocations of the same joint are not payable under the Policy.

If a Covered Person sustains more than one Dislocation in one Covered Accident which requires open or closed reduction, We will pay for all Dislocations up to two times the amount for the joint Dislocation that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount as shown in the Schedule of Benefits.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the larger of Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit as shown in the Schedule of Benefits.

Emergency Dental Benefit

This Emergency Dental Benefit is payable for each Covered Person who requires dental work as the result of Injuries received in a Covered Accident. This benefit is payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

Emergency Room Treatment Benefit

This Emergency Room Treatment Benefit is payable for each Covered Person who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident. Follow-Up Treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Family Lodging Benefit

This Lodging Benefit is payable for one companion to accompany a Covered Person who is Confined in a Hospital as of the result of Injuries received in a Covered Accident. The Hospital must be more than 100 miles from the residence of the Covered Person, and the place of lodging must be a motel or hotel room. Subject to the Maximum Lodging Night Stays shown in the Schedule of Benefits, benefits will be paid as long as:

- The companion accompanies the Covered Person; and
- The Covered Person remains Confined.

Fracture Benefit

This Fracture Benefit is payable for each Covered Person who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must be diagnosed by a Physician within 90 days after the date of the Covered Accident. The Fracture must require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

If a Covered Person sustains more than one Fracture in a Covered Accident and requires open or closed reduction, We will pay for all Fractures. However, We will pay no more than two times the amount shown in the Schedule of Benefits for the bone involved which has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both up to two times the amount for the bone or joint involved which has the greater benefit amount as shown in the Schedule of Benefits.

Gunshot Wound

This Gunshot Benefit is payable for each Covered Person who sustains a gunshot wound incurred as a result of a Covered Accident. The gunshot wound must be treated by a Physician within 72 hours after the date of the Covered Accident.

Hospital Admission Benefit

This Hospital Admission Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined in a Hospital within 30 days after the date of the Covered Accident.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- A stay of less than 20 hours in an Observation Unit.

Hospital Confinement Benefit

This Hospital Confinement Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If a Covered Person is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat the Confinement as a new Confinement.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay this Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently.

Hospital Intensive Care Unit Confinement Benefit

This Hospital Intensive Care Unit Confinement Benefit is payable for each Covered Person Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, We will treat the Confinement as a new Confinement.

If a Covered Person is Confined to a Hospital Intensive Care Unit that does not meet the definition for such confinement in the Policy, We will pay the Hospital Confinement Benefit. We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently. If a Covered Person is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed 365 days for the Hospital Confinement Benefit and 15 days for the Hospital Intensive Care Unit Confinement Benefit.

Laceration Benefit

This Laceration Benefit is payable for each Covered Person who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, the benefit payable will be the benefit for Lacerations repaired without stitches.

If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Covered Accident, We will subtract the amount We paid under this Laceration Benefit from the Accidental Dismemberment Benefit.

Medical Appliance Benefit

This Medical Appliance Benefit is payable for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a Physician for a Covered Person as a result of Injuries received in a Covered Accident. Wheelchairs, crutches, walkers, back braces, or leg braces are examples of medical appliances. The use of a medical appliance must begin within 90 days after the date of the Covered Accident.

Paralysis Benefit

This Paralysis Benefit is payable for each Covered Person who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence of the Injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent.

Physical Therapy Benefit

This Physical Therapy Benefit is payable for each Covered Person who requires physical therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 60 days after:

- The date of the Covered Accident; or
- The date on which the Physician prescribes physical therapy following surgery or other medical treatment required and provided for treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis.

Physician Follow-Up Treatment Benefit

This Physician Follow-Up Benefit is payable for each Covered Person who receives follow-up treatment for Injuries incurred from a Covered Accident when such follow-up treatment is recommended or advised by a Physician. The follow-up treatment must:

- Be within 90 days after the date of the Covered Accident;
- Be due to Injuries received as the result of a Covered Accident;

- Occur after initial treatment in a Physician's office or Emergency Room; and
- Not be for routine examinations or preventive testing.

This benefit includes follow-up treatment provided by a licensed or certified chiropractor.

Physician's Office Visit Benefit

This Physician's Office Visit Benefit is payable for each Covered Person who receives initial treatment and/or advice by a Physician in a Physician's office as the result of Injuries received in a Covered Accident. The treatment must be given within 72 hours after the date of the Covered Accident and the services provided must not be for routine examinations or preventive testing. This benefit will not be payable if the Covered Person received emergency room treatment within the same 72 hour period.

Follow-up treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Prosthesis Benefit

This Prosthesis Benefit is payable for a Covered Person who loses a hand, foot or Loss of Sight of an eye as a result of Injuries received in a Covered Accident and requires a prosthetic device or artificial limb which is prescribed by a Physician for functional use. The prosthetic device/artificial limb must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for: (1) hearing aids; (2) dental aids including false teeth; (3) eyeglasses; or (4) cosmetic prostheses. This benefit is not payable for joint replacement such as an artificial hip or knee.

Skin Grafts Benefit

This Skin Graft Benefit is payable for each Covered Person who receives a skin graft for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Covered Person per Covered Accident.

Surgery Benefit

This Surgery Benefit is payable for each Covered Person who undergoes a surgical procedure listed in the Schedule of Benefits within 72 hours of the Covered Accident for repair of internal Injuries received as the result of a Covered Accident. Coverage may be provided in a Hospital on inpatient or outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for exploratory or other specified surgery without repair as shown in the Schedule of Benefits.

Torn Knee Cartilage Benefit

This Torn Knee Cartilage Benefit is payable for each Covered Person who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. The torn knee cartilage (meniscus) must be first treated by a Physician within 60 days and must be repaired through surgery by a Physician

within six months after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Schedule of Benefits.

Ruptured/Herniated Disc Benefit

This Ruptured/Herniated Disc Benefit is payable for each Covered Person who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. The ruptured or herniated disc must be treated by a Physician within 60 days and must be repaired through surgery by a Physician within 365 days after the date of the Covered Accident.

Tendon/Ligament /Rotator Cuff Benefit

This Tendon/Ligament/Rotator Cuff Benefit is payable for each Covered Person who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed, and must be repaired through surgery by a Physician within 90 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Schedule of Benefits.

If any Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation Benefit

This Transportation Benefit is payable for each Covered Person who is required to travel more than 100 miles to receive special treatment or be Confined in a Hospital if:

- Prescribed by a Physician for treatment of Injuries resulting from a Covered Accident; and
- Such treatment or confinement is not available locally.

This benefit is not payable for transportation by ground ambulance or air ambulance.

Tuition Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the annual Tuition Benefit shown in the Schedule of Benefits for each Covered Dependent Child for up to four years, if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force; and
- At least age 14 at the time the Primary Insured's death; and
- Under the limiting age for a Dependent Child as provided in the Policy; and
- Enrolled in an educational institution that requires tuition to be paid.

Written verification that the Covered Dependent Child is attending an educational institution that requires tuition to be paid must be provided to Us in a form satisfactory to Us. We may require this verification each year this Tuition Benefit is payable.

Wellness Benefit

This Wellness Benefit is payable for only one Covered Person insured under the Policy per Policy Year. Benefits will be payable for one of the following:

- Low Dose Mammography;
- Pap Smear for women over age 18;
- Flu Shots;
- Colonoscopy;
- Prostate Specific Antigen (for prostate cancer); or
- Child Sports Physicals.

(4) Exclusions, Limitations, and Reductions.

No benefits will be payable under the Policy for an Injury that is the result of a Covered Accident that occurs:

- During war or an act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- While riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include: (a) flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline; or (b) flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- During the commission of or attempting to commit a felony, or while being engaged in an illegal occupation;
- While committing or attempting to commit suicide or injuring oneself intentionally; or
- Due to alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed Physician.

No benefits will be payable for:

- Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
 - An unintentional accident caused by or during medical treatment or surgery for Sickness or Injury;
 - Treatment for a Coma;
 - An Injury or death that is caused by accident that is not a Covered Accident;
- or

- An Injury that results from a Covered Accident that is an On Job Accident, if the Policy provides coverage only for Off Job Accidents as shown in the Schedule of Benefits.

(5) Renewability.

The Policy is Guaranteed Renewable for life. You may renew this coverage by paying each premium on the premium due date, subject to the Grace Period and Termination provisions. Your premium can be changed only if We change it on all similar policies in force in Your state.

(6) Premium.

All premium, charges or fees (hereinafter referred to as "Premium") must be paid to Us. The Premiums will be shown in the Policy Schedule of Benefits. If you do not pay the Premiums, the Policy will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Policy Effective Date shown in the Policy Schedule of Benefits; and (2) The Premium Mode, which is how often You pay the Premiums, will be shown in the Schedule of Benefits.

Premiums are based on the following: (1) type of coverage; and (2) benefit plan.

PLEASE REFER TO YOUR POLICY FOR COMPLETE DETAILS OF THE COVERAGE PROVIDED UNDER THE POLICY.

Professional Insurance Company
175 Addison Road
Windsor, CT 06095

June 5, 2008

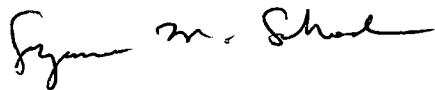
Hazel J. Delane
Compliance Consultant
Milliman, Inc.
Two Conway Park
150 Field Drive, Suite 180
Lake Forest, IL 60045

Re: State Insurance Filings

Dear Ms. Delane:

This letter will serve as authorization from Professional Insurance Company for employees of Milliman, Inc. to file policy forms and respond to inquiries on our behalf with the state insurance departments and jurisdictions where Professional Insurance Company is authorized to do business.

Sincerely,

A handwritten signature in cursive script, appearing to read "Suzanne Schoch".

Suzanne Schoch
Senior Vice President

SERFF FILING DESCRIPTION

RE: Professional Insurance Company
NAIC No.: 0549-68047 FEIN No.: 590411385

Individual Health Forms Filing Form

HPACC AR 2008___ Accident Insurance Policy
HPACC-A ___ Accident Insurance Policy Schedule of Benefits (Plan A)
HPACC-B ___ Accident Insurance Policy Schedule of Benefits (Plan B)
HPACC-C ___ Accident Insurance Policy Schedule of Benefits (Plan C)
XGR/2591 ___ Application for Accident Insurance Policy
HRROP 2008 ___ Return of Premium Benefit Rider
HRMIR 2008 ___ Monthly Income Benefit Rider
OCACC 2008 ___ Accident Only Outline of Coverage
HPACC-Amend 2008 ___ Policy Amendment

Dear Sir or Madam:

Milliman Inc. is submitting the above-referenced form for filing on an exempt basis on behalf of Professional Insurance Company ("the Company"). A letter from the Company authorizing Milliman to conduct this filing is included with this submission.

The forms are individual accident insurance forms. The forms are intended to be marketed to employees of employers at the employers' worksite.

The forms are new and do not replace any previously approved forms. They contain no unusual or controversial features or language that deviate from normal insurance industry standards. Please note that portions of the forms filed with this submission are bracketed as variable, and may change as described in the attached actuarial memorandum and in the Statement of Variability.

The forms are submitted in final printed format except for slight font and formatting variations that may occur due to the Company's production printers. Further, the Company reserves the right to change the font and format of the forms, colors, logos, and paper type. Distribution and access may also be via hard copy or electronic media. Should such changes occur, they will not alter the content or meaning of any approved forms.

Form HPACC AR 2008:

Form HPACC AR 2008 is an individual Accident Insurance Policy. The benefits provided under the policy may be for 24-hour coverage or off-job coverage, as elected by the policyowner. The issue age limits are ages 16 to 69. The amount of insurance payable for the benefits provided under the policy is shown in the Schedule of Benefits. There are three different benefit plans from which the policyowner may select for the policy: Plan A, Plan B and Plan C. All three benefit plans provide coverage for the same benefits; however, the amount of insurance provided for the covered benefits differ. Each benefit plan is reflected in a separate Schedule of Benefit form as indicated below in this letter.

Forms HPACC-A, HPACC-B, and HPACC-C:

Forms HPACC-A, HPACC-B, and HPACC-C are the Schedule of Benefits pages for the Accident Insurance Policy. Each Schedule of Benefits form reflects the benefit plan that the policyowner may elect under the policy: Plan A, Plan B or Plan C. Form HPACC-A contains Plan A benefits, form HPACC-B contains Plan B benefits, and Form HPACC-C contains Plan C benefits. Only one benefit plan can be selected by the policyowner and provided under the issued policy. All three Schedule of Benefit forms have been included in the enclosed policy form document, HPACC AR 2008, for filing purposes.

Form XGR/2591:

Form XGR/2591 is the application form that will be used with policy form HPACC AR 2008.

HRROP 2008:

Form HRROP 2008 is a Return of Premium Rider. The rider is optional and provides a return of premium benefit consisting of the premium paid for the base policy to the policyholder after the policy has been in effect for 20 continuous years.

HRMIR 2008:

Form HRMIR 2008 is a Monthly Income Benefit Rider. The rider is optional and provides a monthly income benefit to the policyowner if he or she is unable to work due to injuries sustained from a covered accident. The policyowner selects a period of 6 months or 12 months for which the benefits

Form OCACC 2008

Form OCACC 2008 is the Accident Only Coverage Required Outline of Coverage. The form will be provided to the applicant at time of application.

Form HPACC-Amend 2008:

Form HPACC-Amend 2008 is the amendment form that will be used to amend policy form HPACC AR 2008. The amendment is intended to only be used to modify the policy for benefits or provisions that are variable data, e.g., adding or deleting optional riders, adding or deleting Schedule of Benefits forms HPACC-A, HPACC-B, or HPACC-C if the policy owner makes a benefit change or type of coverage change, etc. Form HPACC-Amend 2008 will not be used to add or delete non-variable provisions or add new provisions.

The following items are also enclosed:

1. Actuarial Memorandums and Rates; and
2. Readability Certification.

We greatly appreciate your assistance and prompt review of this filing submission. If you have any questions, or need any additional information to complete your review, please do not hesitate to call me collect at (312) 499-5728.

Hazel J. Delane
Compliance Consultant
Milliman, Inc.

<i>SERFF Tracking Number:</i>	<i>MLLM-125705345</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Professional Insurance Company</i>	<i>State Tracking Number:</i>	<i>39710</i>
<i>Company Tracking Number:</i>	<i>PIC-0130SUN01-01</i>		
<i>TOI:</i>	<i>H021 Individual Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H021.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>HPACC 2008</i>		
<i>Project Name/Number:</i>	<i>HPACC 2008/HPACC 2008</i>		

Superseded Attachments

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Original Date:	Schedule	Document Name	Replaced Date	Attach Document
No original date	Form	Accident Only Outline of Coverage	07/22/2008	OCACC AR 2008_Outline of Coverage for Accident Insurance_07-22- 08_subm.pdf

PROFESSIONAL INSURANCE COMPANY

ACCIDENT ONLY COVERAGE OUTLINE OF COVERAGE

For Policy Form HPACC AR 2008

THE POLICY IS AN ACCIDENT INSURANCE ONLY POLICY, AND IT DOES NOT PAY BENEFITS FOR LOSS FROM ANY OTHER CAUSE.

- (1) **READ YOUR POLICY CAREFULLY.** This outline of coverage provides a very brief description of the important features of your policy. This is not the insurance contract and only the actual policy provisions will control. The policy itself sets forth, in detail, the rights and obligations of both you and your insurance company. It is, therefore, important that you **READ YOUR POLICY CAREFULLY!**
- (2) **Accident Only Coverage:** Policies of this category are designed to provide to persons insured, restricted coverage paying benefits **ONLY** when certain losses occur as a result of accident only. Coverage is not provided for basic hospital, basic medical-surgical, or major medical or comprehensive expenses.
- (3) **Benefits:**

The following benefits are covered under the Policy. The benefit amount payable for each covered benefit will be shown in the Policy Schedule of Benefits.

Accidental Death Benefit

This Accidental Death Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Accident. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Common Carrier Benefit for the same Covered Person.

Accidental Death Common Carrier Benefit

This Accidental Death Common Carrier Benefit is payable if a Covered Person dies within 90 days of the date of a Covered Accident as a result of Injuries received from that Covered Accident, while a fare paying passenger on a Common Carrier. If We pay this benefit for a Covered Person, We will not pay the Accidental Death Benefit for the same Covered Person.

If the Accidental Death Benefit or Accidental Death Common Carrier Benefit is payable due to Your death, benefits are payable to the beneficiary named in the application or later changed by You. If a Covered Person other than You dies, benefits are payable to You.

Accidental Dismemberment Benefit: Loss of Finger, Toe, Hand, Foot, or Sight Benefit

This benefit is payable for a Covered Person for the loss of finger, toe, hand, foot, or sight due to Injuries received in a Covered Accident and occurs within 90 days after the date of the Covered Accident. If the Covered Person loses a finger or a toe and later loses a hand or foot within 90 days on the same side of the body as the result of the same Covered Accident, We will subtract the amount We paid for that loss of a finger or toe from the benefit We paid for the loss of a hand or foot.

Air Ambulance Benefit

This Air Ambulance Benefit is payable for a licensed professional air ambulance company to transport a Covered Person to or from a Hospital, or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes an air ambulance trip. The air ambulance must provide the transportation services to the Covered Person within 48 hours after the date of the Covered Accident.

Ambulance Benefit (Ground)

This Ambulance Benefit is payable for a licensed professional ambulance company to transport a Covered Person by ground, to or from a Hospital or between medical facilities for treatment of Injuries received in a Covered Accident. Such transport constitutes a ground ambulance trip. The ambulance must provide transportation services to the Covered Person within 72 hours after the date of the Covered Accident.

Blood/Plasma Benefit

This Blood/Plasma Benefit is payable for each Covered Person who requires a transfusion, administration, cross matching, typing and processing of blood/plasma as a result of Injuries received in a Covered Accident. Blood/plasma must be administered within 90 days after the date of the Covered Accident.

Burn Benefit

This Burn Benefit is payable for each Covered Person who sustains second and third degree burns as the result of Injuries received in a Covered Accident. The Covered Person must be treated by a Physician within 72 hours after the date of the Covered Accident. The benefit payable is shown in the Schedule of Benefits. If the Covered Person meets more than one of the burn classifications, We will pay only the greater benefit amount as shown in the Schedule of Benefits.

Child Care Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the monthly Child Care Benefit shown in the Schedule of Benefits for each Covered Dependent Child if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force;
- Under age 13; and
- Receiving ongoing monthly Child Care.

Benefits will be paid until the Covered Dependent attains age 13. Written verification that the Covered Dependent Child is receiving ongoing monthly Child Care must be provided to Us in a form satisfactory to Us.

Diagnostic Exam

This Diagnostic Exam Benefit is payable for each Covered Person who requires a diagnostic examination to determine the extent of Injuries received in a Covered Accident. Diagnostic exams include x-rays, Magnetic Resonance Imagings (MRIs), and Computed Tomographies (CT Scan).

Dislocation Benefit

This Dislocation Benefit is payable for each Covered Person who sustains a Dislocation as the result of Injuries received in a Covered Accident. The Dislocation must be diagnosed by a Physician within 90 days after the date of the Covered Accident. Treatment of the Dislocation must require anesthesia by a Physician. It can be corrected by open (surgical) reduction or closed (non-surgical) reduction.

If the Dislocation requires closed reduction treatment without anesthesia, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved. If a Physician diagnoses the Dislocation as an Incomplete Dislocation, We will pay 25% of the amount shown in the Schedule of Benefits for a closed reduction of the joint involved.

Benefits will only be payable for the first Dislocation of a joint sustained in a Covered Accident that is incurred after the Policy Effective Date. Subsequent Dislocations of the same joint are not payable under the Policy.

If a Covered Person sustains more than one Dislocation in one Covered Accident which requires open or closed reduction, We will pay for all Dislocations up to two times the amount for the joint Dislocation that has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both. However, We will pay for no more than two times the amount for the bone or joint involved which has the highest benefit amount as shown in the Schedule of Benefits.

If a Covered Person sustains a Fracture or a Dislocation and tears, ruptures, or severs a tendon, ligament or rotator cuff in the same Covered Accident, only one benefit will be payable. We will pay the larger of Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit as shown in the Schedule of Benefits.

Emergency Dental Benefit

This Emergency Dental Benefit is payable for each Covered Person who requires dental work as the result of Injuries received in a Covered Accident. This benefit is payable for broken teeth repaired with crown(s) or broken teeth requiring extraction, regardless of the number of teeth involved.

Emergency Room Treatment Benefit

This Emergency Room Treatment Benefit is payable for each Covered Person who requires examination and treatment by a Physician in an Emergency Room as the result of Injuries received in a Covered Accident. The Emergency Room examination and treatment must occur within 72 hours after the date of the Covered Accident. Follow-Up Treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Family Lodging Benefit

This Lodging Benefit is payable for one companion to accompany a Covered Person who is Confined in a Hospital as of the result of Injuries received in a Covered Accident. The Hospital must be more than 100 miles from the residence of the Covered Person, and the place of lodging must be a motel or hotel room. Subject to the Maximum Lodging Night Stays shown in the Schedule of Benefits, benefits will be paid as long as:

- The companion accompanies the Covered Person; and
- The Covered Person remains Confined.

Fracture Benefit

This Fracture Benefit is payable for each Covered Person who sustains Fractures as the result of Injuries received in a Covered Accident. The Fracture must be diagnosed by a Physician within 90 days after the date of the Covered Accident. The Fracture must require open (surgical) reduction or closed (non-surgical) reduction by a Physician.

If a Covered Person sustains more than one Fracture in a Covered Accident and requires open or closed reduction, We will pay for all Fractures. However, We will pay no more than two times the amount shown in the Schedule of Benefits for the bone involved which has the highest benefit amount.

If a Covered Person sustains a Fracture and a Dislocation in the same Covered Accident, We will pay for both up to two times the amount for the bone or joint involved which has the greater benefit amount as shown in the Schedule of Benefits.

Gunshot Wound

This Gunshot Benefit is payable for each Covered Person who sustains a gunshot wound incurred as a result of a Covered Accident. The gunshot wound must be treated by a Physician within 72 hours after the date of the Covered Accident.

Hospital Admission Benefit

This Hospital Admission Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Covered Person must be Confined in a Hospital within 30 days after the date of the Covered Accident.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- A stay of less than 20 hours in an Observation Unit.

Hospital Confinement Benefit

This Hospital Confinement Benefit is payable for each Covered Person Confined in a Hospital as a result of Injuries received in a Covered Accident. The Hospital Confinement must begin within 30 days after the date of the Covered Accident.

We will pay benefits for only one period of Confinement at a time even if it is caused by more than one Covered Accident. If a Covered Person is Confined in a Hospital, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat that Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Hospital Confinement, We will treat the Confinement as a new Confinement.

This benefit will not be paid for:

- Emergency Room treatment;
- Outpatient Treatment; or
- Confinement of less than 20 hours to an Observation Unit.

We will not pay this Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently.

Hospital Intensive Care Unit Confinement Benefit

This Hospital Intensive Care Unit Confinement Benefit is payable for each Covered Person Confined in an Intensive Care Unit as a result of Injuries received in a Covered Accident. Confinement in a Hospital Intensive Care Unit must begin within 30 days after the date of the Covered Accident.

If a Covered Person is Confined in a Hospital Intensive Care Unit, and is Confined once again within 90 days for Injuries received in the same Covered Accident or by a related condition, We will treat this Confinement as a continuation of the prior Confinement. If more than 90 days have passed between the periods of Confinement in a Hospital Intensive Care Unit, We will treat the Confinement as a new Confinement.

If a Covered Person is Confined to a Hospital Intensive Care Unit that does not meet the definition for such confinement in the Policy, We will pay the Hospital Confinement Benefit. We will not pay the Hospital Confinement Benefit and the Hospital Intensive Care Unit Benefit concurrently. If a Covered Person is Confined in a Hospital Intensive Care Unit for more than 15 days, benefits will continue to be paid under the Hospital Confinement Benefit beginning on the 16th day. The maximum benefits paid will not exceed 365 days for the Hospital Confinement Benefit and 15 days for the Hospital Intensive Care Unit Confinement Benefit.

Laceration Benefit

This Laceration Benefit is payable for each Covered Person who sustains Lacerations as the result of Injuries received in a Covered Accident. The Laceration must be repaired by a Physician within 72 hours after the date of the Covered Accident. The benefit payable will be based on the total length of all Lacerations received in any one Covered Accident which requires repair. If the Laceration is severe enough to require stitches but the Physician chooses to repair it another way, the benefit payable will be the benefit for Lacerations repaired without stitches.

If a Covered Person sustains a Laceration on a finger, toe, hand, foot or eye and later loses that finger, toe, hand, foot or eye as a result of the same Covered Accident, We will subtract the amount We paid under this Laceration Benefit from the Accidental Dismemberment Benefit.

Medical Appliance Benefit

This Medical Appliance Benefit is payable for the use of a medical appliance as an aid in personal locomotion or mobility, prescribed by a Physician for a Covered Person as a result of Injuries received in a Covered Accident. Wheelchairs, crutches, walkers, back braces, or leg braces are examples of medical appliances. The use of a medical appliance must begin within 90 days after the date of the Covered Accident.

Paralysis Benefit

This Paralysis Benefit is payable for each Covered Person who becomes paralyzed as a result of Injuries received in a Covered Accident. The Paralysis must be confirmed by a Physician and based on documented evidence of the Injury that caused the Paralysis. The duration of the Paralysis must be at least 30 days and expected to be permanent.

Physical Therapy Benefit

This Physical Therapy Benefit is payable for each Covered Person who requires physical therapy treatment as the result of Injuries received in a Covered Accident. The therapy must begin within 60 days after:

- The date of the Covered Accident; or
- The date on which the Physician prescribes physical therapy following surgery or other medical treatment required and provided for treatment of the Injuries sustained in a Covered Accident.

The therapy must be rendered by a Physical Therapist and performed in an office or in a Hospital on an inpatient or outpatient basis.

Physician Follow-Up Treatment Benefit

This Physician Follow-Up Benefit is payable for each Covered Person who receives follow-up treatment for Injuries incurred from a Covered Accident when such follow-up treatment is recommended or advised by a Physician. The follow-up treatment must:

- Be within 90 days after the date of the Covered Accident;
- Be due to Injuries received as the result of a Covered Accident;

- Occur after initial treatment in a Physician's office or Emergency Room; and
- Not be for routine examinations or preventive testing.

This benefit includes follow-up treatment provided by a licensed or certified chiropractor.

Physician's Office Visit Benefit

This Physician's Office Visit Benefit is payable for each Covered Person who receives initial treatment and/or advice by a Physician in a Physician's office as the result of Injuries received in a Covered Accident. The treatment must be given within 72 hours after the date of the Covered Accident and the services provided must not be for routine examinations or preventive testing. This benefit will not be payable if the Covered Person received emergency room treatment within the same 72 hour period.

Follow-up treatment prescribed by a Physician is payable under the Physician Follow-Up Treatment Benefit.

Prosthesis Benefit

This Prosthesis Benefit is payable for a Covered Person who loses a hand, foot or Loss of Sight of an eye as a result of Injuries received in a Covered Accident and requires a prosthetic device or artificial limb which is prescribed by a Physician for functional use. The prosthetic device/artificial limb must be received within 365 days after the date of the Covered Accident.

This benefit is not payable for: (1) hearing aids; (2) dental aids including false teeth; (3) eyeglasses; or (4) cosmetic prostheses. This benefit is not payable for joint replacement such as an artificial hip or knee.

Skin Grafts Benefit

This Skin Graft Benefit is payable for each Covered Person who receives a skin graft for a burn for which a benefit was received under the Burn benefit. This benefit is payable once per Covered Person per Covered Accident.

Surgery Benefit

This Surgery Benefit is payable for each Covered Person who undergoes a surgical procedure listed in the Schedule of Benefits within 72 hours of the Covered Accident for repair of internal Injuries received as the result of a Covered Accident. Coverage may be provided in a Hospital on inpatient or outpatient basis or in a licensed ambulatory surgical facility. Benefits will be payable for exploratory or other specified surgery without repair as shown in the Schedule of Benefits.

Torn Knee Cartilage Benefit

This Torn Knee Cartilage Benefit is payable for each Covered Person who sustains a torn knee cartilage (meniscus) as the result of direct Injuries in a Covered Accident. The torn knee cartilage (meniscus) must be first treated by a Physician within 60 days and must be repaired through surgery by a Physician

within six months after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, or if the cartilage is shaved (debridement), the applicable benefit payable is shown in the Schedule of Benefits.

Ruptured/Herniated Disc Benefit

This Ruptured/Herniated Disc Benefit is payable for each Covered Person who sustains a ruptured or herniated disc in the spine as the result of Injuries received in a Covered Accident. The ruptured or herniated disc must be treated by a Physician within 60 days and must be repaired through surgery by a Physician within 365 days after the date of the Covered Accident.

Tendon/Ligament /Rotator Cuff Benefit

This Tendon/Ligament/Rotator Cuff Benefit is payable for each Covered Person who injures a tendon, ligament, or rotator cuff as the result of Injuries received in a Covered Accident. The tendon, ligament, or rotator cuff must be torn, ruptured or severed, and must be repaired through surgery by a Physician within 90 days after the date of the Covered Accident. If exploratory arthroscopic surgery is performed and no repair is done, the applicable amount payable is shown in the Schedule of Benefits.

If any Covered Person receives a Fracture or a Dislocation and tears, ruptures or severs a tendon, ligament, or rotator cuff in the same Covered Accident, only one benefit is payable. We will pay the larger of the Tendon/Ligament/Rotator Cuff Benefit, the Fracture Benefit or the Dislocation Benefit.

Transportation Benefit

This Transportation Benefit is payable for each Covered Person who is required to travel more than 100 miles to receive special treatment or be Confined in a Hospital if:

- Prescribed by a Physician for treatment of Injuries resulting from a Covered Accident; and
- Such treatment or confinement is not available locally.

This benefit is not payable for transportation by ground ambulance or air ambulance.

Tuition Benefit

If the Primary Insured dies as a result of a Covered Accident, We will pay the annual Tuition Benefit shown in the Schedule of Benefits for each Covered Dependent Child for up to four years, if the Covered Dependent Child is:

- Insured under the Policy before the death of the Primary Insured while the Policy is in force; and
- At least age 14 at the time the Primary Insured's death; and
- Under the limiting age for a Dependent Child as provided in the Policy; and
- Enrolled in an educational institution that requires tuition to be paid.

Written verification that the Covered Dependent Child is attending an educational institution that requires tuition to be paid must be provided to Us in a form satisfactory to Us. We may require this verification each year this Tuition Benefit is payable.

Wellness Benefit

This Wellness Benefit is payable for only one Covered Person insured under the Policy per Policy Year. Benefits will be payable for one of the following:

- Low Dose Mammography;
- Pap Smear for women over age 18;
- Flu Shots;
- Colonoscopy;
- Prostate Specific Antigen (for prostate cancer); or
- Child Sports Physicals.

(4) Exclusions, Limitations, and Reductions.

No benefits will be payable under the Policy for an Injury that is the result of a Covered Accident that occurs:

- During war or an act of war, or any involvement in any period of any type of armed conflict (this does not include acts of terrorism);
- While riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
- While operating, learning to operate, serving as a crew member of or jumping or falling from any aircraft, including those which are not motor-driven. This does not include: (a) flying as a fare paying passenger in a scheduled or chartered flight operated by a commercial airline; or (b) flying as a passenger with no duties on board an aircraft operated by a private business to transport its personnel or guests;
- While engaging in hang-gliding, bungee jumping, parachuting, sail gliding, parasailing, parakiting or any similar activities;
- While participating in or practicing for any semi-professional or professional competitive athletic contest in which any compensation is received;
- During the commission of or attempting to commit a felony, or while being engaged in an illegal occupation;
- While committing or attempting to commit suicide or injuring oneself intentionally; or
- Due to alcoholism or addiction to drugs or narcotics; but not addiction that results from the administration of those substances in accordance with the advice and written instructions of a duly licensed Physician.

No benefits will be payable for:

- Sickness or infection including physical or mental condition which is not caused solely by or as a direct result of a Covered Accident;
 - An unintentional accident caused by or during medical treatment or surgery for Sickness or Injury;
 - Treatment for a Coma;
 - An Injury or death that is caused by accident that is not a Covered Accident;
- or

- An Injury that results from a Covered Accident that is an On Job Accident, if the Policy provides coverage only for Off Job Accidents as shown in the Schedule of Benefits.

(5) Renewability.

The Policy is Guaranteed Renewable for life. You may renew this coverage by paying each premium on the premium due date, subject to the Grace Period and Termination provisions. Your premium can be changed only if We change it on all similar policies in force in Your state.

(6) Premium.

All premium, charges or fees (hereinafter referred to as "Premium") must be paid to Us. The Premiums will be shown in the Policy Schedule of Benefits. If you do not pay the Premiums, the Policy will terminate subject to the Grace Period. The Premium due dates are based on: (1) The Policy Effective Date shown in the Policy Schedule of Benefits; and (2) The Premium Mode, which is how often You pay the Premiums, will be shown in the Schedule of Benefits.

Premiums are based on the following: (1) type of coverage; and (2) benefit plan.

PLEASE REFER TO YOUR POLICY FOR COMPLETE DETAILS OF THE COVERAGE PROVIDED UNDER THE POLICY.